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Final Report of the
Quality Enhancement
Project

An Evaluation of the Massachusetts Community Partnerships for Children Program

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Prepared for
Massachusetts Department
of Education
Early Learning Services Cluster
Malden, Massachusetts

December 1996

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writing the report. Melissa also took on the role of editor for our project newsletter, the *Q-Times*. For all their help, hard work, and high spirits, we thank them and can only hope that they took away as much as they gave.

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Many people contributed to the development of the Quality Enhancement Project and this evaluation report, but all interpretations and errors are the sole responsibility of the authors.

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EXECUTIVE SUMMARY

This report summarizes the results of a year-long study of Phase II of the Massachusetts Community Partnerships for Children (CPC) program conducted by Tufts University researchers. The CPC program is an effort to improve the availability, accessibility, comprehensiveness, and quality of early care and education in the Commonwealth. It aims to do so, in part, by promoting collaboration among the various sectors of the early care and education system within communities. Both CPC and this evaluation have been funded through the Massachusetts Department of Education (DOE).

In 1993, the Department of Education's Early Learning Services Cluster (ELS) prepared the Request for Proposals for Community Partnerships for Children (Phase II), and in it spelled out the underlying belief that linking funding to mandated collaboration of early care and education providers in the community would be an fruitful strategy to promote improvements in availability, equity, and quality of services for young children and their families.

The RFP required that either a Public School District or Head Start agency serve as lead agency for the community partnership that would receive state funding, but the proposal had to be developed with input from all three sectors of the early care and education system -- the public schools, Head Start, and private providers -- and only one proposal per community would be considered. The CPC model described in the RFP called for representatives of these agencies, family members, and others to form a CPC Council whose responsibility would be to plan and oversee the funded activities.

In fiscal year 1993, 51 programs were funded as Community Partnership for Children programs (Phase II). Over the course of four years, a total of $24,065,980 in state funds has supported Phase II of the CPC effort, just over $6 million per year. Data from this study suggest that communities came up with roughly 45 cents in in-kind contributions for every dollar in state funding received. If this estimate is accurate, it would mean that the roughly $24 million in state funding for CPC has generated an additional $10.8 million in donations and other in-kind contributions to support improved early care and education services.

Study Goals and Methodology

In the third year of the CPC program (fiscal year 1995), the Early Learning Services Cluster requested proposals to help them "document the progress of and identify effective practices and strategies in the . . . program." The evaluation request focused on the need for information to "assist the Department in shaping its plans and grant policies [and] assist providers in making improvements in the services and programs that they currently offer."

This study was undertaken to provide state officials with feedback on how the CPC program has worked, what its impacts upon early care and education systems have been, what its benefits for children and families have been, and the lessons that have been learned for the future of this kind of programming.

We adopted a "continuous improvement" or "quality enhancement" methodology for the study in order to insure that it was carried out in a way that involved key service providers and others in the community in collecting and interpreting information. This methodology was also intended to provide community participants with support for their own efforts to expand the capacity and improve the quality of the programs that they offer.

Adapting a quality enhancement approach meant asking each community to designate key participants in CPC to form a quality enhancement team (Q-Team) to work together to assess their progress and identify areas where improvements are called for. Communities were asked to develop teams that reflected a range of perspectives from the different agencies and programs that were involved in CPC, the family members who were consumers of the services, and others in the communities such as representatives of business or government.

The first step in this process was to engage Q-Team members in a joint effort to complete a survey of CPC activities and outcomes that was designed to provide a foundation for community-by-community assessment as well as obtain the quantitative data needed for this statewide study. The survey was developed to reflect each of the key topics that the Department of Education had identified (community collaboration, and equity, quality, and comprehensiveness of services for children and families). It included both open- and closed-ended items that permitted CPCs to describe what they had done and assess how well it had worked.

After the survey was sent out, the members of each of the Q-Teams were invited to attend two focus groups with their counterparts in one or more other communities. The first series of focus groups were designed to include discussion of collaboration and program issues, successful innovations, and lessons learned. The second series of focus groups also included exercises intended to help Q-Team members develop their understanding of the continuous improvement process and practice using their assessment skills to address issues in their communities.

The quality enhancement approach made it possible for participants to use their responses to the survey and their participation in the focus groups as opportunities to take stock and share information with early care and education staff, family members, and others in their own communities who have been involved with CPC. The requirement that participating Q-Teams include individuals representing different perspectives within the community was expected to yield more balanced assessments of each CPC's efforts and was intended to promote further collaboration. It should be noted, however, that representatives of communities in which there have been unresolved conflicts among partner agencies may have been less willing to be candid in sharing the details of their struggles in surveys and focus groups.

The survey was conducted in the winter and spring of 1995-96, and data were obtained from 34 of the 51 Phase II CPC communities. Twenty-seven focus groups were held between December 1995 and April 1996, with 45 of the 51 Phase II CPC communities represented at one or more of them. The information that we have gathered through these methods has, in turn, been fed into two different kinds of written products -- this report and a series of "Technical Assistance Tips" pamphlets designed to help communities plan, assess, and improve their efforts to better meet the goals of the program and the needs of young children and families.

Highlights of Findings

This report documents many positive changes in early care and education services that have resulted from the CPC program to date. In addition, we discuss a number of problems that have arisen and the lessons that have been learned. The major findings and conclusions of the report can be summarized as follows:

- **As the participants in our focus groups and survey respondents see it, there have been major increases in the availability of services for young children and their families in their communities, as well as measurable improvements in the equity, quality, affordability, and comprehensiveness of those services.**

- **Thousands of young children are being provided new or improved preschool experiences because of the implementation of the Massachusetts Community Partnerships for Children program.**

- **With the support of CPC, many early childhood providers in are seeking and receiving accreditation from the National Academy of Early Childhood Programs for their high quality, developmentally appropriate programs.**

- **The CPC program is widely believed to have contributed to increased collaboration among early care and education programs in the participating communities. CPC Councils have been shown to be viable mechanisms for service planning and for promoting collaboration.**

- **Community collaboration in support of early care and education services has lead to successful efforts to leverage funding from sources other than the CPC budget, including substantial in-kind contributions toward CPC programming from partner agencies, and resource sharing across a variety of programs with similar goals.**

- **Despite the progress to date, there are still additional opportunities for improvement in CPC programs, improvements that could be expected to result in broader participation in the CPC process and/or further benefits to young children and their families. In particular, "turf issues," limited resources, and time constraints continue to challenge CPC Councils' attempts to collaborate and to promote change across agencies and programs.**

- **CPC communities have much to learn from each other in terms of planning, managing and adopting specific programmatic approaches. Q-Team participants were uniformly positive about their interactions with colleagues from other communities, and, when asked what kind of assistance they need, more called for information sharing than called for additional funding.**

Conclusions and Recommendations

Given these findings, our major conclusion is that the CPC experience to date has validated the underlying assumptions that:

- **Promoting effective community collaboration is an fruitful way to promote increases in capacity and quality in early care and education programs, and**

- **The quality enhancement approach can be an effective tool for communities to improve their early care and education services on an ongoing basis.**

Our major recommendation follows directly from these conclusions. We recommend that the Commonwealth of Massachusetts continue to utilize these approaches, for early care and education and possibly other policy areas, and work on refining these approaches to increase their effectiveness and utility. We have developed two kinds of specific recommendations that build upon the basic recommendation to continue the CPC and quality enhancement approaches -- action recommendations and recommendations for further research.

Our recommendations for action include taking steps to:

- **Promote increased information sharing across communities ;**

- **Promote increased capacity to articulate goals and assess progress within community collaborations; and**

- **Apply CPC lessons to other efforts to promote collaboration.**

The approach to collaboration that characterizes CPC is similar to many other ongoing and proposed initiatives in the Commonwealth of Massachusetts. The experience of CPC communities has much to offer to those who seek to reform and upgrade services for young children and their families, be they focused on child care, education, or other services that could benefit from a more coordinated, comprehensive approach. Therefore efforts should be made to draw out the lessons of CPC for policy-making and shaping pending legislation related to early care and education.

Our recommendations for further research call for investigations to:

- **Clarify which kinds of approaches to promoting collaboration, capacity, and quality work best in specific community contexts;**

- **Describe the ways collaboration works with regard to leadership, mechanisms for decision making, conflict resolution, and other factors; and**

- **Identify the "missing players," the agencies or programs that are not participating in CPC collaborations, and understand why they are not involved.**

Moreover the experience of this project has made it clear that studies in these areas would benefit from and be greatly enriched by the involvement of CPC representatives throughout the process of planning, carrying out, and interpreting the results of this research.

Chapter One

INTRODUCTION AND OVERVIEW

A coalition of the programs and services available in the community will be developed through this project to assist families in the care and education of their young children.

-- Massachusetts Department of Education, RFP for the Community Partnerships for Children program

This partnership has worked. Working together has had a major impact on early childhood programs and comprehensiveness of services in our city.

-- Participant in QEP Focus Group

Introduction

This report summarizes the results of a year-long study of Phase II of the Massachusetts Community Partnerships for Children (CPC) program conducted by Tufts University researchers. The CPC program is an effort to improve the availability, accessibility, comprehensiveness, and quality of early care and education in the Commonwealth. It aims to do so, in part, by promoting collaboration among the various sectors of the early care and education system within communities. Both CPC and this evaluation have been funded through the Massachusetts Department of Education (DOE).

There have been three phases of CPC, all of which have had similar goals and objectives. Phase I, formerly known as the Chapter 188 program, was first funded in 1986. Phase II was first funded in 1993, and Phase III was first funded in late 1995. Unless otherwise noted, this report focuses on the 51 communities that received Phase II funds and specifically on the programming supported by those funds in Fiscal Year 1995 (July 1994 - June 1995). However, some of these 51 communities have also received Phase I and/or Phase III funds, and the effects of the CPC initiative on programs and collaboration across phases are not always distinguishable. The 51 Phase II communities are listed in Appendix A.

The Community Partnership for Children (CPC) Program

In 1993, the Department of Education's Early Learning Services Cluster prepared the Request for Proposals for Community Partnerships for Children (Phase II), and in it spelled out the underlying belief that linking funding to mandated collaboration of early care and education providers in the community would be an fruitful strategy to promote improvements in availability, equity, and quality of services for young children and their families.

The RFP required that either a Public School District or Head Start agency serve as lead agency for the community partnership that would receive state funding, but the proposal had to be developed with input from all three sectors of the early care and education system -- the public schools, Head Start, and private providers -- and only one proposal per community would be considered. The CPC model described in the RFP called for representatives of these agencies, family members, and others to form an Early Childhood Advisory Council or CPC Council whose responsibility would be to plan and oversee the funded activities.

In the following year, the funding streams that supported the CPC program and an earlier initiative to support preschool programming in the public schools, Chapter 188, were merged under the title Community Partnerships for Children, with identical objectives. For clarity, Chapter 188 is now referred to as CPC Phase I, and the 1993 grants are identified as Phase II. A third phase, oriented to services for working families, was funded in 1995. Proposals for funding for Phase IV of CPC were reviewed this fall.

It is the intention of the Department of Education that efforts funded by each phase will build upon previous work, and that the CPC program will support communities in developing an integrated system of early care and education services rather than a number of separate categorical programs. It is further hoped that the collaboration of various agencies will allow communities to access funds from a variety of sources -- partner agencies, other public programs, or private funders -- to support the goals of Community Partnerships for Children.

Over the course of four years, a total of $24,065,980 in state funds has supported Phase II of the CPC effort, just over $6 million per year. Data from this study suggest that communities came up with roughly 45 cents in in-kind contributions for every dollar in state funding received. If this estimate is accurate, it would mean that the roughly $24 million in state funding for CPC has generated an additional $10.8 million in donations and other in-kind contributions to support improved early care and education services. (For the purposes of this study, in-kind costs were defined as the value of services or materials that are contributed by CPC partners to meet CPC goals and that are not reimbursed from the CPC grant, e.g., the value of transportation services or administrative support donated by a partner agency.)

The Department of Education's Evaluation Requirements

In the third year of the CPC program, the Department of Education Early Learning Services (ELS) requested proposals to help them "document the progress of and identify effective practices and strategies in the . . . program." The evaluation request focused on the need for information to "assist the Department in shaping its plans and grant policies [and] assist providers in making improvements in the services and programs that they currently offer." In particular, ELS requested proposals for:

- Designing, preparing and conducting an assessment of CPC program implementation and reporting results, [and]

- Designing and conducting a series of focus groups, with participants drawn from CPC communities, aimed at obtaining and reporting information on effective practices and strategies to all sectors of the community.

The Study Approach and Methodology

This study was undertaken to provide state officials with feedback on how the CPC program has worked, what its impacts upon early care and education systems have been, what its benefits for children and families have been, and the lessons that have been learned for the future of this kind of programming. We adopted a "continuous improvement" or "quality enhancement" methodology for the study in order to insure that it was carried out in a way that involved key service providers and others in the community in collecting and interpreting information. This methodology was also intended to provide community participants with support for their own efforts to expand the capacity and improve the quality of the programs that they offer.

In recent years, both public and private sector organizations have been devoting considerable attention to finding ways to implement "continuous improvement" or "quality enhancement" efforts. One common approach has been the development of "quality teams" in which staff from all positions in an agency get together to clarify what they are trying to accomplish, identify any emerging problems, gather information to describe the situation, and brainstorm to come up with ideas to overcome the problems.

Adapting a quality enhancement approach meant asking each community to designate key participants in CPC to form a quality enhancement team (Q-Team) to work together to assess their progress and identify areas where improvements are called for. Communities were asked to develop teams that reflected a range of perspectives from the different agencies and programs that were involved in CPC, the family members who were consumers of the services, and others in the communities such as representatives of business or government.

The first step in the evaluation process was to engage Q-Team members in a joint effort to complete a survey of CPC activities and outcomes that was designed to provide a foundation for community-by-community assessment as well as obtain the quantitative data needed for this statewide study. The survey was developed to reflect each of the key topics that the Department of Education had identified (community collaboration, and equity, quality, and comprehensiveness of services for children and families). It was then revised to reflect the results of review meetings with Department of Education staff and a pre-test with five communities. The final version of the survey included both open-ended and closed-ended items that permitted CPC communities to describe what they had done and assess how well it had worked. The full text of the survey instrument can be found in Appendix B to this report.

After the survey was sent out, the members of each of the Q-Teams were invited to attend two focus groups with their counterparts in one or more other communities to discuss the process of quality enhancement and exchange experiences and lessons learned. The first series of focus groups were designed to include discussion of both collaboration and program issues, successful innovations, and lessons learned. The second series of focus groups also included exercises intended to help Q-Team members develop their understanding of the continuous improvement process and practice using their assessment skills to address issues in their communities.

The survey and the focus groups have been primary sources of information for this report. The quality enhancement project approach made it possible for participants to use their survey responses and their participation in the focus groups as opportunities to take stock and share information with early care and education staff, family members, and others who have been involved with CPC.

The requirement that participating Q-Teams include individuals representing different perspectives within the community was expected to yield more balanced assessments of each CPC's efforts and was intended to promote further collaboration. It should be noted, however, that representatives of communities in which there have been unresolved conflicts among partner agencies may have been less willing to be candid in sharing the details of their struggles in surveys and focus groups.

The information in this report has been obtained from four sources:

- Existing documentation of CPC, including previous DOE reports and papers on this topic and the results of previous surveys of CPC communities;

- Conversations with key CPC participants at the state and community levels;

- Discussions between Tufts QEP staff and the participants in 27 focus groups that took place between December 1995 and April 1996 (45 of the 51 Phase II CPC communities were represented at one or more focus groups); and

- A survey of CPC communities that was conducted in the winter and spring of 1995-96 in which data were obtained from 34 of the 51 Phase II CPC communities, two-thirds of the total.

In most cases, this report presents the actual results of the survey, such as the proportion of communities that gave a particular response to a question. However, in a few cases, we have attempted to estimate the responses that would have been given had all communities responded by extrapolating the results.[1]

The information that we have gathered through all of these methods has, in turn, been fed into two different kinds of written products -- this report and a series of "Technical Assistance Tips" pamphlets designed to help communities plan, assess, and improve their efforts to better meet the goals of the program and the needs of young children and their families. The text of these pamphlets can be found in Appendix C.

Highlights of Findings and Conclusions

This report documents many positive changes in early care and education services that have resulted from the CPC program to date. In addition, we discuss a number of problems that have arisen and the lessons that have been learned. The major findings and conclusions of the report can be summarized as follows:

- As the participants in our focus groups and survey respondents see it, there have been major increases in the availability of services for young children and their families in their communities, as well as measurable improvements in the equity, quality, affordability, and comprehensiveness of those services.

- Thousands of young children are being provided new or improved preschool experiences because of the implementation of the Massachusetts Community Partnerships for Children program.

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[1]The formula that we used in doing so is based on the assumption that the amount of services provided and the number of children served are directly proportionate to the size of the grant awards to each community. Thus, for example, if the survey showed that there were a total of 100 children served in communities that provided us data, and if these communities had received 50% of the total CPC funding, we would then estimate that there were a total of 200 children served across all CPCs.

- With the support of CPC, many early childhood providers in are seeking and receiving accreditation from the National Academy of Early Childhood Programs for their high quality, developmentally appropriate programs.

- The CPC program is widely believed to have contributed to increased collaboration among early care and education programs in the participating communities. CPC Councils have been shown to be viable mechanisms for service planning and for promoting collaboration.

- Community collaboration in support of early care and education services has lead to successful efforts to leverage funding from sources other than the CPC budget, including substantial in-kind contributions toward CPC programming from partner agencies, and resource sharing across a variety of programs with similar goals.

- Despite the progress to date, there are still additional opportunities for improvement in CPC programs, improvements that could be expected to result in broader participation in the CPC process and/or further benefits to young children and their families. In particular, "turf issues," limited resources, and time constraints continue to challenge CPC Councils' attempts to collaborate and to promote change across agencies and programs.

- CPC communities have much to learn from each other in terms of planning, managing and adopting specific programmatic approaches. Q-Team participants were uniformly positive about their interactions with colleagues from other communities, and, when asked what kind of assistance they need, more called for information sharing than called for additional funding.

This report focuses on the overall patterns that have emerged over time. Further analyses that compare communities where there has been more or less progress should yield further insights into efforts to promote collaboration and otherwise improve services for children and their families. But the small sample size makes it very difficult to generalize across types of communities and programs or to identify correlations between types of communities, program designs, and programs. In addition, at this early and formative stage of the CPC program, Early Learning Services and the evaluation team from Tufts have chosen to de-emphasize comparative analyses to reduce resistance and foster commitment to systematic evaluation and continuous improvement among CPC communities.

Chapter Two

IMPACT OF CPC ON COLLABORATION

> Responsibility for the care and education of young children extends beyond the immediate family and beyond any one agency.
> -- Massachusetts Department of Education, RFP for the Community Partnerships for Children program
>
> All of us is stronger than one of us.
> -- Participant in QEP Focus Group

Introduction and Overview

The Community Partnerships for Children program is based on the premise that effective collaboration among early care and education programs is an effective way to promote improvements in the availability, accessibility, comprehensiveness, and quality of early care and education in the Commonwealth. Thus, collaboration is the means and better early care and education is the end.

This chapter summarizes our assessment of the impact of Phase II of the CPC program in terms of promoting collaboration and service coordination and documents considerable progress in that regard. Our analysis of the results of communities' collaborative efforts on service provision and quality is contained in the following chapter.

In particular, the results of this study make it clear that **the implementation of the Community Partnership for Children (CPC) program in Massachusetts has produced significant increases in coordination across public school early childhood programs, Head Start, and private child care programs, and all participants in the survey say that they believe the benefits of their collaboration have outweighed any burdens or challenges that have emerged.**

Collaboration as a Means to the End of Improved Services

Funding for CPC was intended, in part, to encourage programs within communities to share resources and services so that children and families could be better served. In other words, communities could only receive these funds if they engaged in collaborative planning and service delivery efforts. For example, in order to obtain funds, CPCs were mandated to form community-based advisory councils that were broadly representative of the communities that they served. The idea was that these diverse councils would be in a better position to assess needs and gauge the effectiveness of existing early care and education services than the leadership of any single agency or program and would be more likely to find ways to upgrade existing services and fill gaps.

Changes in Collaboration over Time

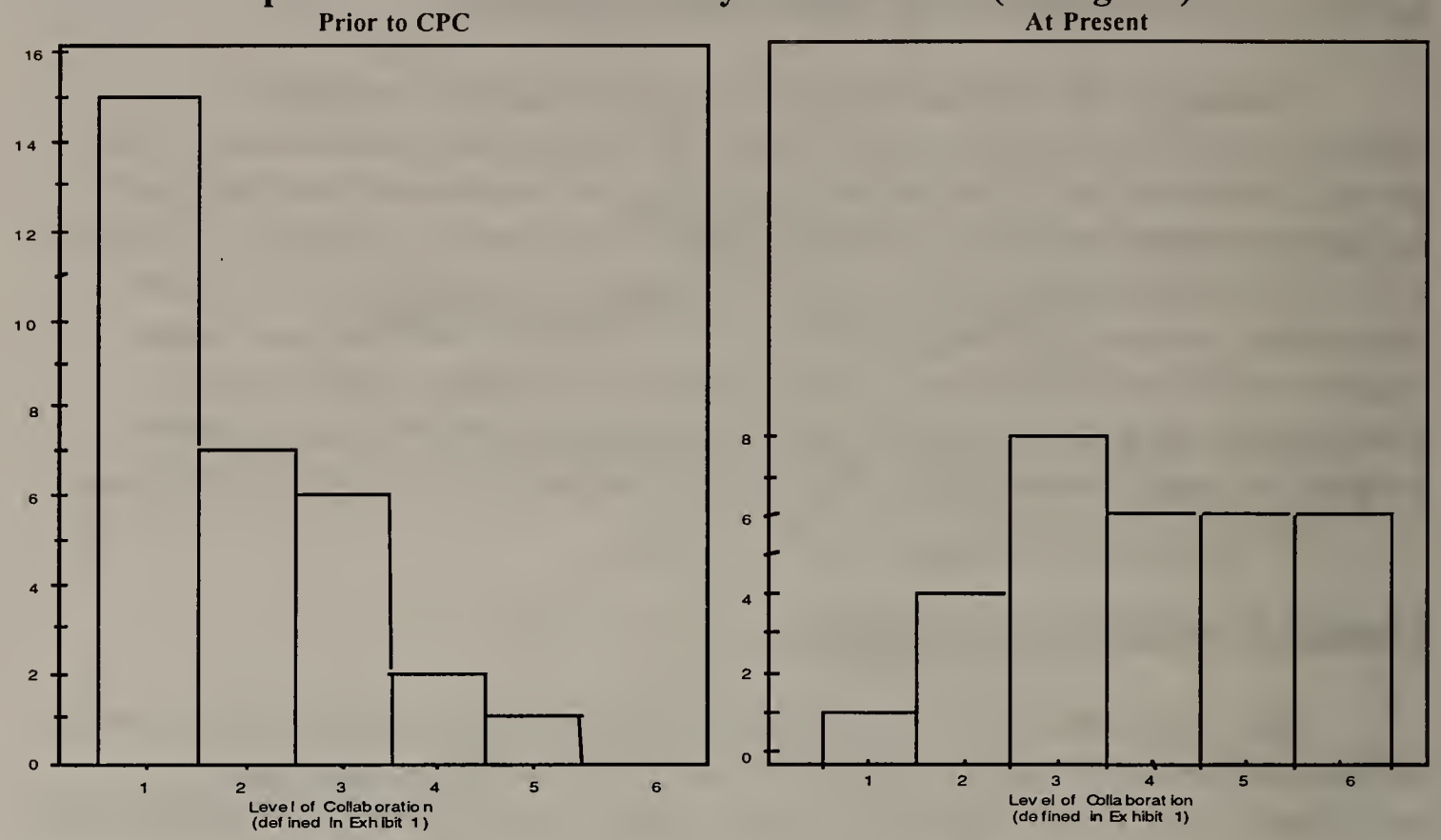
The participants in our focus groups provided numerous examples of increases in collaboration that CPC had produced in their communities, and the thirty-one respondents to our survey who provided data on this topic provided a good deal of quantitative data to support the conclusion that **increases in collaboration were widespread.** Exhibits 1 and 2 show that when asked to rate the degree of collaboration in their communities prior to CPC and at the current time along a six point scale, all but one of the communities provided higher ratings for the latter period, with the average (mean) score increasing from about two to roughly four.

Exhibit 1: Reported Levels of Community Collaboration

LEVEL OF COLLABORATION IN COMMUNITY	Prior to CPC n=31	At Present n=31
1. Lack of communication among agencies/programs.	15 (48.4%)	1 (3.2%)
2. Exchange of information among agencies/programs.	7 (22.6%)	4 (12.9%)
3. Cooperation among several agencies/programs (e.g., established procedures for regular meetings, sharing information).	6 (19.4%)	8 (25.8%)
4. Coordination of some services (e.g., joint staff or parent/family member training, screening, cross-site visits)	2 (6.5%)	6 (19.4%)
5. Some collaboration (e.g., sharing of human or material resources such as space, staff, transportation).	1 (3.2%)	6 (19.4%)
6. Extensive collaboration among agencies/programs.	0 (0.0%)	6 (19.4%)
MEAN SCORE	1.93	3.97

In particular, the implementation of CPC was followed by major increases in communication among early care and education agencies. Forty-eight percent of the communities reported a lack of communication among early care and education agencies and programs prior to CPC. This proportion dropped to 3% (only one of thirty-one communities) at the time of our survey.

Exhibit 2: Reported Levels of Community Collaboration (Histogram)



Accomplishments that are Linked to Improved Collaboration

The CPC communities have identified many tangible benefits from their efforts to promote collaboration in terms of the way that their early childhood education systems are functioning. While the focus groups provided many specific examples of this, our survey revealed many patterns. The most frequently-cited accomplishments include:

- Shared staff training and development (90%);
- Shared outreach among agencies (83%);
- Shared activities for family members (77%);
- Shared/joint fund-raising efforts (63%);
- Collaboration in planning or carrying out activities that go beyond the specific CPC-funded programs (63%);
- Resource-sharing for programs and activities beyond those that are directly funded in the CPC grant (50%); and
- Shared intake among two or more CPC-funded agencies (43%).

Factors that Promote Collaboration

The participants in CPC programs have many ideas about the factors that promote collaboration. In general, however, they feel that **(a) adoption of a common philosophy or vision and a shared commitment to serve the needs of children and families and (b) the presence of a history of pre-existing collaborative activity are far and away the most important factors in promoting collaboration.** When asked to rank the factors that contribute the most to promoting long-term collaborative relationships, 65% of survey respondents ranked the "adoption of common philosophies and commitments" as the most important factor. The importance of having a foundation of previous collaborative efforts was stressed over and over again in case examples presented at our focus groups. In the words of one focus group participant:

> Collaboration doesn't happen overnight, you need to be persistent. In our community, we have been working at collaboration for over eight years, but we've only begun to develop real camaraderie in the past two years. The fear that some other agency is trying to take our kids has been especially hard to erase. We are making progress, but after all of these years, we are still not there yet in terms of true partnership.

Furthermore, discussion in the focus groups revealed a strong sense that participants' efforts to develop a shared vision and address community needs over a long period of time had been extremely rewarding. In the words of one participant, "All of us is stronger than one of us." (See Exhibit 3 below.)

Discussions during focus groups and analysis of the results of our survey make it clear that **the structure, membership, and functioning of the CPC Councils were critical to the way that CPC evolved.** In particular, those who were most successful at promoting collaboration tended to cite three important characteristics of their councils:

- Promoting active involvement of a wide range of community actors,
- Promoting communication among the members, and
- Engaging members in activities that allow them to work closely together on specific tasks, an approach that was often facilitated by adoption of subcommittee structures.

Exhibit 3: Excerpts from Focus Group Discussions about Collaboration

Collaboration works best when. . ..

People get together to do specific things, not just to get together and 'collaborate' with each other.

Collaborators show respect for each others' autonomy.

Collaborators have resources to "keep the money going" to participants in the process, i.e. have meetings that do more than simply share ideas.

Collaborators know when to step back.

There are opportunities for celebrations to mark successes.

The process is real and people have to struggle together over specifics, share information for real purposes.

People recognize and accept the fact that not all partners can put in as much time and energy (e.g., some family day care providers), but they are still thought of as key contributors and not second class.

Collaborators can share in putting something together, like parent training or activities for families and work on discrete tangible projects. For example, kindergarten teachers and private providers jointly developed a common tool for sharing information about kids that is used to smooth the transition from preschool to kindergarten.

People try to work with large bureaucracies by biting off a small bit that can be easily included, for example, working with kindergarten teachers first as way of making inroads into the K-12 school system.

People are explicit about their appreciation of each other.

As one might expect, virtually all the survey respondents felt that representatives of Head Start programs and public and private preschool programs were adequately represented on virtually all CPC councils. (Nearly two-thirds felt that family child care providers were also well represented.) It is also heartening that the survey respondents believed that special educators were adequately represented in 85% of the cases and providers of social services were similarly rated in 65%.

It is difficult to interpret the absence of specific groups from the councils without specific information about the presence of these groups in the community and their relationships with early care and education providers. However, it is worthy of attention that only 23% of the communities that provided data on this topic felt that fathers were adequately represented, and only 32% felt that providers of medical services were adequately represented. Similarly, both business and other community leaders were only judged to be adequately represented in about 41% of the communities.

In focus group discussions on the experience of working together, the importance of regular communication among partner agencies was emphasized repeatedly. Many shared the sentiment of a participant who remarked: "It works best when you build a web, not just lines from each agency to the coordinator."

In many communities, the efforts of a CPC coordinator were cited as important to successful collaboration. One coordinator described her job as being the person with the time to keep up with all the different participating programs. This role was felt to be carried out most successfully when the CPC Coordinator, either because of personal qualities or structural associations, had no real or perceived obligation to promote the interests of one partner agency over another.

Participants in both the survey and the focus groups provided numerous examples of additional mechanisms that had been successfully employed to promote collaboration. Those mentioned most frequently included:

- Using mentoring to promote professional development and otherwise providing joint training for teachers from all programs;

- Using multi-agency, multi-disciplinary teams for consultation to programs;

- Sharing of facilities and curriculum resources; and

- Working together across agencies to promote accreditation of all partner programs.

In focus groups, participants frequently told us that strong leadership was essential to successful collaboration. The personal commitment of administrators in participating agencies to the process of community collaboration was felt to be important to the progress of the partnership. As the director of a private child care program said,

> One of the things that made us want to collaborate was when the public school superintendent came and knocked on our door. That personal contact was really meaningful to us . . . it seemed like he really cared about the community.

Other factors that were frequently cited as facilitators of collaboration were regular formal communication among all relevant agencies, mutual respect for the strengths of other agencies and the constraints that they face, sharing professional development activities, and development of joint decision-making processes in which democratic principles were adopted and provisions made for all participants to feel that they have a role to play, allowing them to feel invested and become empowered.

Barriers to Collaboration

Key participants in the CPC communities believe that **lack of time to engage in more extensive collaborative planning and follow-up activities is the single most important barrier to collaboration** that they face. Sixty-one percent of the CPC communities providing data on this topic listed lack of time to collaborate as one of the top five barriers to improved collaboration.

Focus Group discussions included many references to limited time, with participants frequently bemoaning the fact that they could not make time for more regular contact with their community partners or with colleagues in other communities. As one focus group participant put it:

> There is one constant in the collaboration process -- there is not enough time to do it all. Members of CPC councils are stretched thin and it is hard for them to find extra time to take on any new responsibilities. One strategy is keeping the focus on doable tasks, real purposes, real objectives, real deadlines.

The difficulty of involving family members on CPC Councils was frequently discussed in terms of time constraints -- they were described as not having enough time, or not being available at the same time as other Council members. Other problems mentioned by several communities involved differences in the time that administrators, as compared to teachers, have for collaboration, and inequities in the time teachers employed by different agencies have for any activities outside of their classrooms. As one public school teacher remarked, "I feel badly that when we have a meeting after school, teachers from the child care center don't come because they can't leave their classroom."

LESSONS LEARNED:
AN EXEMPLARY WAY TO COLLABORATION

Participants at several QEP focus groups came to the same somewhat surprising conclusion: "Collaboration works best when people get together to <u>do</u> specific things, not just to "collaborate" with each other."

"Turf issues" (such as unwillingness to give up control over aspects of one's program), lack of funding, and differences in agency salaries and procedures, were the next most frequently cited barriers to collaboration.

- Fifty-two percent of the communities cited "turf issues" as a significant barrier, while 45% indicated that "participants remained more committed to the agendas of their own agencies than to the goals of collaboration," a factor that is very closely related to "turf."

- Fifty-two percent of the communities cited lack of sufficient funding, and

- Forty-four percent reported that differences in salaries, benefits, and/or working conditions among programs and agencies were major barriers to collaboration.

One participant who described conflict between agency interests in her community referred to the tensions that continue to exist between the public schools and other early childhood programs in terms of a "cultural divide." Those who referred to the differences in agency salaries and policies pointed out that these differences often led to perceptions that one agency or system was doing things the right way while others were not, or that the staff in one program were more qualified than those in others.

For the most part, those providing information in our survey felt that the CPC process had contributed to a reduction in the barriers to collaboration in their communities. The typical community was able to list many more barriers that were reduced as a result of their involvement with CPC.

LESSONS LEARNED:
AN INSIGHT INTO COLLABORATION

At one of the QEP focus groups, a community representative provoked a great deal of discussion when she said, "It is important to know and accept the fact that not all partners can put in as much time and energy, for example some family day care providers have limited time available to attend meetings, but in these cases, they should still be seen as key contributors and not second class citizens."

Overall Assessment

According to participants in the focus groups and respondents to our survey, the Community Partnerships for Children program has been successful in promoting collaboration in a wide range of Massachusetts communities. The question remains, however, have these increases in collaboration resulted in improvements in the availability, equity, and quality of the early care and education services in these communities? As we demonstrate in Chapter Three, the answer is yes.[2]

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2 See QEP Technical Assistance Tips #2: Collaboration.

Chapter Three

IMPACT OF CPC UPON EARLY CARE AND EDUCATION PROGRAMS AND SERVICES

The Department is seeking. . . to serve more preschool age children in ways that are responsive to the needs of children and families.

-- Massachusetts Department of Education, RFP for the Community Partnerships for Children program

Our goal is for all the kids in our community to be in high quality settings.

-- Participant in QEP Focus Group

Introduction and Overview

The RFP that outlined the Community Partnerships for Children program listed its purposes as increasing the availability, affordability and quality of early childhood programs both within and across communities in Massachusetts by building a system of comprehensive services for young children and their families. The information contained in the surveys submitted by CPC communities and the comments made by community members at focus groups lead us to conclude that progress is visible in all of these areas. **The Massachusetts CPC program has resulted in clear increases in the number and quality of early care and education programs across the Commonwealth.** The participants in our focus groups cited many examples of CPC-related improvements in services, and the survey shows that substantial proportions of communities report progress along a wide range of dimensions.

Only one of twenty-nine communities providing data on this topic (3%) reported that CPC efforts to promote collaboration had hindered agency operations, agency staff, family members, or others in any way. They explained that the effort required flexibility about individual agency's policies and took a great deal of energy for the administrators responsible to the collaborative program. These same experiences were described by many other CPC participants in focus groups, but most did not identify them as a negative consequence of collaboration.

Availability of Early Care and Education Opportunities

One of the primary intentions of CPC funding was to increase the availability of early care and education services for preschool-age children. The most common way that communities chose to address this goal was to expand their programs to serve more children. **In fiscal year 1995, over 2,600 Massachusetts preschool children received early childhood care and education services that would not have been available had the CPC program not existed.** In particular:

- Data from 31 communities suggests that CPC Phase II funding was used in total or partial support of 1,553 preschool placements in fiscal year 1995.

- In addition, these same 31 communities supported 1,090 preschool placements through CPC Phase I (Chapter 188), making a total of 2,643 Community Partnerships placements in fiscal year 1995, and a similar number in the previous three years of the program.

These 31 communities account for 56% of the total CPC Phase II funding, and if we assume that the number of placements supported is proportional to the funding, this would mean that **CPC Phase II alone has resulted in full or partial support of approximately 2,756 preschool placements in fiscal year 1995.**[3] (See Exhibit 4.)

Exhibit 4: Children in Preschool Placements Supported by CPC (FY95)

	CPC Phase I Placements (FY95)	CPC Phase II Placements (FY95)	Total CPC Placements (FY95)
Communities Reporting (n=31)	1,090	1,553	2,643
All CPC Phase II Communities (Estimated)	NA	2,756	NA

These placements would not represent a net increase in total capacity if CPC funding simply replaced funding for placements that came from other sources. However, survey responses make it clear that this was not the case in the overwhelming proportion of communities. The newly funded CPC placements were created with no decrease in other community placements in roughly 90% of the sites for whom we have data. **Thus it seems safe to assume that a large majority of the placements funded by CPC represent a clear addition to the total supply in Massachusetts communities.**

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[3] Because our focus is on Phase II CPC communities, we cannot make similar assumptions about Phase I impacts.

Other data yield further confirmation for the conclusion that CPC has resulted in an increase in the capacity of communities to provide early care and education. For example, CPC resulted in efforts to recruit additional private (center-based or family) early childhood care and education providers in 28% of the communities.

Increased Equity and Service to At-risk Children

As noted in the CPC Request for Proposals, the Department of Education's "overall goal" for the program was "that communities will identify and serve more children than are currently participating in preschool programs, focusing on serving children at risk and from traditionally under-served populations."

Both the CPC survey and discussions at focus groups have made it clear that all CPC communities have responded to this challenge by adopting policies to increase equity in services for young children and taking steps that have resulted in an increase in the number or proportion of at-risk children being served.

According to DOE staff, one of their primary goals for the CPC program was to increase "equity" in early care and education services. They chose to address equity through a dual emphasis on the expansion and integration of preschool programs to include children of "diverse abilities and special needs, diverse cultural and linguistic backgrounds, and diverse economic circumstances," and the promotion of high-quality, "developmentally appropriate" practice, in all community preschool programs.

The Massachusetts CPC communities that participated in the survey and focus groups discussed a wide range of issues in terms of their goal of enhancing equity, and most of them included affordability as a concern. Of the 16 communities who provided a formal definition of the term "equity," six made reference to the universal availability of services, regardless of any particular characteristics; eight specifically mentioned affordability or access for low-income or economically disadvantaged families; three mentioned access for and integration of children with special needs; and five mentioned services for other "at-risk" or under-served groups.

Many communities' definitions of equity also addressed the type and quality of services being accessed: two specifically mentioned high quality of services, four mentioned comprehensive services outside of early childhood education, and two communities included the concept of equity among community programs as part of their definitions. Of the 30 communities providing information on equity, all but a few were able to cite at least two examples of steps that they had taken to further this goal.

Scholarships and sliding fee scales were common approaches taken to address issues of affordability. About 40% of the communities reported that they had used CPC funds to either create or support full or partial scholarships, and 47% of them used funds to create or support sliding fee scales.

A majority of CPC communities were also able to list additional strategies that they had employed to leverage CPC funding to make early care and education more affordable. The most typical leverage strategy was accessing or pooling funds from other grants and programs (e.g., Even Start, family literacy, and special education programs). This strategy was cited by 20% of communities as a way that communities had increased the affordability of existing services. Efforts to increase affordability were supported by utilization of the CPC process to access new funding sources. About 38% of the communities providing information on this topic said that they had been successful in this regard.

All thirty-one communities providing information on this subject had adopted explicit mechanisms for defining "at-risk" children, and all of them indicated that CPC had resulted in an increase in the number and/or proportion of at-risk children who are receiving services as they defined the term. Efforts to target services to at-risk children often played a major role in these endeavors. For example, when asked to characterize their CPC Council's priorities on a continuum that extends from universal services on a first-come first-serve basis to targeting services to those most in need, sixty-two percent of the communities revealed a clear priority for targeting services to those most in need.

About 90% of the communities also indicated a policy preference for serving children with special needs in integrated or inclusive classrooms as opposed to specialized settings. Forty-five percent of them called for serving all children with special needs in integrated classrooms.

In general, CPC communities indicate that they have been successful in addressing the specific needs and risk factors that they face. The needs assessments carried out as part of the CPC planning process identified a wide range of risk factors (or constellations of risk factors) affecting children and families and, as one would expect, the specific factors varied considerably from community to community. However, about 83% of the communities responding to our survey reported that they were able to address all of the risk factors and needs that they had identified. All of the remaining communities reported that they were able to address at least some of them.

It should be noted that communities differed in the meanings that they attached to the term "addressed" and all conclusions in this report are based upon self-reported data. Therefore validating or verifying the manner in which these factors were addressed is an important next step for future assessments of CPC.

Another intended outcome of the program, according to the Department of Education Request for Proposals, was the "enhanced development of children's native language and communication skills." DOE has defined quality programs, in part, as those that support "continued development of the first language." The survey data indicate that further attention may need to be given to serving children whose first language is not English. Seventy-eight percent of the communities responding reported having children in one or more CPC-supported classroom who spoke a language other than English at home, and several identified three or more different language groups represented in their programs. But only 38% of the communities who identified a need were able to provide the support of a teacher with these language skills in all mixed-language classrooms, and 24% reported that there were no such teachers in any of their mixed-language classrooms.[4]

In 89% of the communities that were not able to provide same-language teachers for all children, they were able to adopt other strategies to deal with language barriers, such as having fluent volunteers in the classroom, having family members or other children act as translators, or providing training for teachers in key phrases in the children's languages. However, neither the survey nor the focus groups provided a clear basis for assessing the effectiveness of these efforts.

Complete data on the demographic characteristics or special needs of children served with CPC funding are not available. However, 77% of those providing data indicated that **CPC has resulted in an increase in the diversity of those being served by early care and education programs in their communities.**

In focus groups, participants often discussed the ways their CPCs sought to promote equity among different agencies and providers. Equity in this sense was most often described in terms of access to service supports such as mental health or developmental consultants, teacher training, and curriculum materials. Several communities also mentioned promoting equity among programs by working to limit competition among providers. Shared intake processes and efforts to develop similar fee scales across programs are examples of ways some groups attempted to promote equity and limit competition.

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4 It was not possible to determine whether classrooms serving children from several different language groups had language support for all those children.

Improving Quality through Program Accreditation

CPC has taken many steps that can be expected to lead to improved quality in early care and education in many communities across the Commonwealth. Much of this can be attributed to the requirement that all CPC-funded providers seek National Academy of Early Childhood Programs (NAECP) accreditation and the use of CPC funds to support the accreditation process.

The NAECP Accreditation program is part of the National Association for the Education of Young Children (NAEYC), the leading professional organization of early educators in the country. The accreditation standards were developed over several years with attention to the results of research on the factors that support children's optimal development in child care and early childhood education settings. NAECP standards are often used as a proxy measure of program quality for care and education programs.

Accreditation takes into account all aspects of early childhood services and goes beyond the licensing standards of the Massachusetts Office for Children. The process involves family members, teachers, and administrators in self-study and encourages communication among these groups about the goals of the program. Given the emphasis on collaboration in the CPC program, accreditation is considered a potential community building activity as well as a good marker of program quality.

The 33 communities providing data on this topic reported that they had a total of 166 affiliated programs (each of which may include several classrooms) that had begun or completed the NAECP accreditation process since the beginning of CPC, including 73 that had been accredited. The majority of these programs (42) were accredited during the first two years of CPC (1993-94), with the remainder (31) accredited since that time. Eighty of these programs were in self-study or awaiting the results of the validation visit, and 13 were deferred or were appealing at the time of the survey. (See Exhibit 5.) These figures can be compared with a total of only one affiliated program in these community partnerships that was accredited prior to the inception of CPC Phase II[5].

Exhibit 5: Accreditation of Early Childhood Programs in CPC Communities

	Programs Accredited	Programs in Self-Study	Programs Deferred or Appealing	Total Seeking Accreditation
FY93-FY94	42	NA	NA	at least 42
FY95-FY96	31	80	13	124
Total as of Spring 1996	73	80	13	166

[5] We do not know if any of these programs initiated the accreditation process prior to CPC. Discussions in focus groups suggest that very few if any sought NAECP accreditation before CPC Phase II began.

This pattern of progress is repeated when one looks at the accreditation process on a community-by-community basis. About 82% of the communities reported having accredited one or more of their early childhood programs as a result of their involvement in the CPC program, including 42% that had more than half of participating programs accredited and 27% that had accredited all of their participating programs. Eighteen percent reported that none of their programs had completed accreditation at the time of the survey.[6]

About 36% of the communities reported that one or more early childhood agencies were dropped from the CPC program or dropped out themselves because they could not -- or did not believe that they could -- receive accreditation. Whatever this means in terms of expanding the capacity of agencies to serve children in a given community, it seems like clear evidence that the CPC Councils have taken seriously the mandate to pursue accreditation.

Both the survey and our focus groups addressed a wide variety of steps that CPC communities took to support programs as they went through the accreditation process. All but one of the communities listed one or more specific uses of CPC funds for this purpose. Eighty-seven percent of the communities reported that they had used CPC funds to pay for NAECP fees and/or related accreditation materials.

The accreditation experience has not been without challenges. Communities reported that for their programs seeking accreditation, the three areas of assessment in which they encountered the greatest difficulty were multicultural curriculum, involvement of family members, and the quality of their outdoor spaces. In focus groups, participants described difficulties faced by school-based early childhood programs in meeting accreditation requirements that either conflicted with public school policies (e.g., confidentiality of personnel records) or did not take into account their particular constraints.

But even those communities who had some problems with the accreditation process noted that self-study had helped them to discuss and, in many cases, come to greater agreement within and across programs about what constitutes quality.

LESSONS LEARNED:
AN EXEMPLARY WAY TO PROMOTE QUALITY

One community has taken the parent questionnaire used in the NAECP accreditation self-study and uses it on a regular basis to keep informed about parental concerns.

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[6] These data refer only to those programs that were involved with and received support from the CPC, not all early childhood programs in a given community. Many communities list three or fewer participating programs, although the actual number of eligible programs in each community is not known.

It is difficult to say with certainty what the impact of the accreditation requirement in the CPC program has had on the quality of early childhood programs overall, but it is encouraging to note that so many communities report that they have used the CPC process to promote accreditation. The CPC program (from Phase I through Phase III, now reaching over 170 communities), and another DOE initiative, the Early Childhood Quality Network, both encourage programs to pursue NAECP accreditation, and together they appear to have had a major impact on accreditation across the state. As of September 1996 Massachusetts had 388 NAECP-accredited early childhood programs, second in the nation behind California (452) and just ahead of Texas (356). This achievement is remarkable given that as of November 1994 there were only 200 accredited programs in the state, a near 100% improvement in less than two years.

Other Improvements in the Quality of Early Childhood Programs

The Department of Education defines a "high quality" program as one that "provides a safe and nurturing environment that promotes the physical, social, emotional, and cognitive development of young children while responding to the needs of families." Research has identified a number of factors that are linked with positive child outcomes in early childhood programs, including: staff-child ratios, the education and training of teachers, and family involvement.

CPC communities took a number of other steps to improve the quality of the services that they provide. For example, 29% of the communities used CPC funds to **improve staff/child ratios**. Many of the communities that did not use funds for this purpose indicated that there was no need to invest scarce funds for this purpose because the ratios were already quite good.

Ninety percent of the communities adopted one or more strategies to use CPC funding to support efforts to **upgrade the professional credentials** of early care and education staff. They reported using several of the following strategies: tuition assistance for training/education, training for OFC teacher certification, time-off to attend courses or workshops, salary or other incentives for upgrading credentials, financial support for attending conferences, and CEUs or PDPs offered for CPC-sponsored training.

According to our survey, 70% of the communities used CPC funds to enable programs to give teachers paid **planning time** during the course of the day to prepare curriculum, observe children, meet together, receive supervision, meet with children or families, or take similar steps designed to improve the quality of their services.

About 47% of the communities reported that the CPC process had resulted in efforts to **retain experienced early care and education staff.** However, there were no clear patterns in the specifics that they listed to describe these efforts.

Staff Training in CPC Communities

Staff training has been a major concern of CPC programs across the state. Nine out of ten communities (90%) who responded to the survey indicated that they had used the CPC process to provide training for early childhood professionals in their communities. In focus groups, nearly all participants described training that had been provided using CPC funds or that was made more widely available through cross-agency collaboration.

Still, the survey and discussions with representatives at focus groups make it clear that CPC participants in most communities believe that they could benefit from a much wider range of staff training than they currently have funds to provide. Every community was able to identify at least some training needs, and 54% identified ten or more specific needs from a list of eighteen. The needs cited most frequently are detailed in Exhibit 6 below. According to our survey, CPC has funded or promoted training to meet some of these needs in 90% of the communities.

Exhibit 6: Staff Training Needs in CPC Programs

Topic Area	Training Needed n=31
Behavior management	83.87%
Inclusion of children with special needs	83.87%
First Aid/CPR	74.19%
Developmentally appropriate curriculum	70.97%
Multicultural curriculum	70.97%
Emotional development	64.52%
Anti-bias curriculum	61.29%
Working with children with physical challenges	61.29%
Working with victims of abuse or neglect	61.29%

CPC communities also cited a need for training in the following areas: health or developmental issues such as ADD, PDD, and fetal alcohol syndrome; classroom design; family/staff communication; art and music curriculum; environmental education; sensory integration; curriculum webbing/portfolio assessment; computers; and stress management.

Family Involvement

Another important aspect of the CPC program according to the Department of Education's RFP is the involvement of families both in early childhood programs and in community collaboration and planning. Based on information from the QEP survey, there appears to have been some important progress in this regard.[7]

The CPC process was said to have resulted in an increase in **involvement of family members** in all but one of the CPC communities providing information on this topic (97%), and most cited a range of areas where progress had been made. The most frequently cited areas where family involvement was said to have been improved include family members participation in "parenting" education (90% of the communities), preschool classroom activities (87%), special activities such as field trips (83%), outreach to other families (77%), and CPC council planning (77%).

Communities adopted a variety of mechanisms to involve families. The most frequently cited mechanisms were related to program level involvement or direct services to family members. Fifty percent of the CPCs providing information on this topic reported that they had offered workshops and programs for family members, 33% provided home visits and home-based programs, 23% developed resource centers with materials for use by families, and 25% created support groups for family members.

The provision of education on child development related issues was an especially important aspect of many CPC programs. According to survey respondents, CPC communities typically used classes or workshops to deliver their family education activities, covering an average of more than four specific topics over the course of a year. However, 86% of them also listed one or more strategies other than classes or workshops as ways to accomplish this objective.

Family involvement appears to have increased in programs, but it remains one of the most challenging issues faced by CPC collaborations. In focus group meetings there were many references made to communities' desires to involve more family members, more deeply, more consistently and over the long term in the work of their CPC councils. Although survey responses indicated an increase in involvement of family members in most CPC councils, few of the teachers and administrators who were part of the focus groups appeared to feel satisfied with the number of family members playing active roles in decision making.

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7 See QEP Technical Assistance Tips #3: Family Engagement.

Family members who attended focus group meetings or spoke with us during site visits were very pleased with the services being provided through CPC, and were enthusiastic advocates for the program, but most were not involved in planning or oversight. Focus group participants described barriers to family members' involvement in CPC councils that included: time constraints, inconvenient meeting schedules, lack of information about the council, and alienation. In many communities, the family members who were involved at the council level were described as professionals or experienced advocates.

Both on the survey and in focus groups, CPC participants described many successful efforts to engage family members in collaboration. These included:

- Scheduling evening meetings with potluck dinner and child care provided;
- Recruiting family members to become involved in short-term, task-oriented committees;
- Encouraging each teacher to bring a family member from their classroom to the council meeting; and
- Including discussions on subjects of interest to family members, such as child development, on council agendas.

Comprehensive Services

As was the case with equity, the term "comprehensive services" was seen in different ways by CPC participants in different communities. But despite these differences, it is clear that **the CPC program has contributed to improving the comprehensiveness of services for children and their families in all communities providing data for this study.** Every community identified at least four kinds of services for children and families from our list that were created or increased as a result of CPC. In addition to expanded early care and education services, CPC funds were used to allow programs to provide the following: family support services (86%), referrals to other community services (84%), services for children with special needs (84%), home visiting (81%), and social services (74%).

Communities providing information on the topic reported increasing comprehensive services by networking and/or pooling resources across agencies and programs (23%), expanding referrals to other service providers (19%), expanding home visiting efforts (19%), and creating opportunities for "one stop shopping" for early childhood and family support services (19%).

When asked to describe specific efforts to improve the comprehensiveness of services that were either unique or effective, 54% of the communities responded in terms of addition or expansion of services to families. Example of these unique or successful efforts include:

- Using CPC funds to support part-time social workers or other professionals to consult with early childhood programs and work directly with families to help them deal with stress and other issues;

- Creating early childhood resource centers and other "one-stop" approaches;

- Co-sponsoring family literacy programming with other community initiatives;

- Offering family play groups with professional leaders to help family members learn about children's activities; and

- Improving community outreach with health fairs, safety fairs, and other social events.

Restructuring of Service Systems

In an ideal world, collaboration among agencies would result in a restructuring of the community-wide service delivery system in which agencies develop new ways to deliver service and/or cut back on services that duplicate those offered by others. But we are not in an ideal world, and the survey results on this topic are mixed. About 57% of the communities reported that CPC had led to development of shared programming for children. About 40% of the communities providing data on this subject said that they had developed new methods of service delivery as a result of their CPC experience. But reductions in duplication of services were only reported in two of the thirty CPCs for whom we have data on this topic (7%). This may reflect a prior absence of duplication in these communities or a failure of collaboration. Our data are not sufficient to resolve this issue.

Chapter Four

SUMMARY OF MAJOR FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

> The Department is committed to supporting communities [and] to working with various agencies in the Commonwealth to build a system of comprehensive services for young children and their families.
>
> -- Massachusetts Department of Education, RFP for the Community Partnerships for Children program

> It works best when you build a web. . .
>
> -- Participant in QEP Focus Group

Summary of Findings and Conclusions

Thousands of young children and their families are being provided new or improved services because of the implementation of the Massachusetts Community Partnerships for Children (CPC) program. The CPC process appears to have contributed to increased collaboration among early care and education programs in the participating communities. CPC Councils have been shown to be viable mechanisms for service planning and for promoting collaboration. With the support of CPC, many early childhood providers in are seeking and receiving accreditation from the National Academy of Early Childhood Programs for their high quality, developmentally appropriate programs. Finally, as the participants in our focus groups and survey respondents see it, there have been major increases in the availability of services for young children and their families in their communities, as well as measurable improvements in the equity, quality, affordability, and comprehensiveness of those services.

Thus, **our major conclusion is that the CPC experience to date has validated the underlying assumptions that:**

- **Promoting effective community collaboration is an fruitful way to promote increases in capacity and quality in early care and education programs, and**

- **The quality enhancement approach can be an effective tool for communities to improve early care and education services on an ongoing basis.**

Our major recommendation follows directly from this conclusion. We recommend that the Commonwealth of Massachusetts continue to utilize these approaches, for early care and education and possibly other policy areas, and work on refining these approaches to increase their effectiveness and utility. Analysis of the results of 27 focus groups, review of the data from 34 surveys, and a variety of formal and informal contacts with Department of Education and community respondents have led us to develop two kinds of specific recommendations that build upon the basic recommendation to continue the CPC and quality enhancement approaches by refining them -- action recommendations and recommendations for further research.

Action Recommendations

1. Promote increased information sharing across communities.

The focus groups made it clear that CPC leaders value the opportunity to meet with their colleagues and counterparts in other communities in order to share experiences and lessons learned. This point was also made in a dramatic way in the survey. When asked what kinds of assistance each community could get from the Department of Education, from the Quality Enhancement Project, or from any other source, **more community respondents cited sharing information and ideas among communities than any other type of assistance.** Forty one percent identified this as their top priority. Unexpectedly, when asked to list their primary needs, more communities mentioned "information sharing" than "more funding"! These findings support the idea that more should be done to support this kind of sharing as a core element in efforts to promote capacity building and improvement in early care and education systems.

LESSONS LEARNED:
AN EXEMPLARY WAY TO PROMOTE QUALITY

Some communities have seen the quality enhancement team as part of a one-time effort to review how well things are going and plan improvements. In fact, experience has shown that the concept works best when it is adopted on an ongoing basis, as a platform for periodic efforts to assess and plan.

Q-Teams need to work on the good times and the bad. Of course it is great fun to get together to "evaluate" a success. We all need to share more "pats on the back" and expressions of congratulation and appreciation. But when things are bad -- a grant was not approved, a problem with a program arises, some political brouhaha blows up -- that's when a Q-Team needs to gather, too. Getting together to do a "psychological autopsy" can be a valuable "continuous improvement" process.

The quality enhancement process utilized in this evaluation was itself an information sharing effort, and participants offered many insights and ideas that might benefit their colleagues across the commonwealth.

In completing the survey, CPC communities listed a total of 38 distinct efforts to improve the comprehensiveness of their services that they felt were unique or effective. These included case management approaches, extended day programs, early childhood resource centers and other "one stop" initiatives, utilization of consultants and specialists, home visiting efforts, workshops and support groups for family members, the creation of guides or brochures to describe available services, health fairs, safety fairs, joint screenings, family advocacy activities, development of family and professional education series, refining the functions of councils, and holding celebrations of success.

Similarly, the survey elicited 25 ideas on ways to leverage funds to support CPC programming. These ideas included getting in-kind support from partner agencies, utilizing Child Care and Development Block Grant (CCDBG) funding, using fees from attendance at special events, tapping resource and referral agency resources and expertise, integrating classrooms using several funding sources, and applying for new grants. They described 22 mechanisms for improving the affordability of services, including accessing funds from private foundations and public grant programs and obtaining in-kind contributions.

Survey respondents shared 30 different strategies to promote collaboration. The most frequently cited were sharing administrative supervision by one individual over several agencies and/or programs, using mentoring to promote professional development, adopting multi-agency and multi-discipline consultation models, use of surveys, sharing facilities, co-sponsoring events with non-CPC agencies, writing by-laws, holding regular day-long retreats, sharing personnel, and planning and carrying out joint projects.

Based upon our experience at the focus groups, these are the kinds of things that CPC participants want to be -- and benefit from -- hearing about. It is unlikely that any single approach or idea will be appropriate or useful for all communities, but we have found that there is a large audience for discussions of ideas so that participants can decide whether they are relevant or not. Participants are eager to meet with their counterparts in other communities, address shared concerns, and celebrate successes. A structure should be developed by DOE to facilitate this type of networking on an ongoing basis.

2. Promote increased capacity to articulate goals and assess progress within community collaborations.

Both the focus groups and our survey make it clear that CPC communities have adopted a variety of goals for the future, including promoting program accreditation; increasing professional development and training; improving outreach; increasing equity in services for children of different languages, races, and economic backgrounds; improving comprehensiveness in services; increasing the number of family education programs offered; expanding both council membership and activities; enhancing collaboration among agencies; developing a mission statement; and partaking in some form of evaluation.

In many cases, however, communities were not sure how to accomplish these goals and/or how to adequately monitor progress towards their accomplishment. These are areas where information exchange and technical assistance could be beneficial.

Both the survey and comments made during focus groups have made it clear that CPC councils have engaged in a variety of efforts to assess progress and problems. However, only 54% of the survey respondents had undertaken formal evaluations. Many communities found it difficult to gather data needed for this evaluation effort. There also appears to be a growing need at the state level for more sophisticated accountability protocols and information systems to allow for consistent monitoring across communities.

Formal assessments of progress and problems being encountered are critical elements of any quality improvement process, and thus **our study findings suggest that additional resources should be devoted to the enhancement of CPC programs' capacity to carry out self-assessment and self-evaluation activities as part of their efforts to upgrade specific programming.**[8]

Conversations with CPC participants in focus groups and other settings make it clear that communities could use help in efforts to enhance the quality of their offerings. The specific areas where Department of Education staff could be helpful include:

- Developing clear mission statements, goals, and objectives both for their collaborations and for their early childhood programs;

- Developing procedures for monitoring progress towards achievement of these goals;

- Planning evaluations of effects on children and families, programs, and communities; and

- Working to address conflicts and develop skills for collaborative problem solving.

The importance of working on mission statements is highlighted by the fact that, while 65% of the communities participating in the survey ranked the "adoption of a common philosophy or vision and a shared commitment to serve the needs of children and families" as the most important factor in building strong collaborative relationships, only 29% reported adopting a formal mission statement.

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8 See QEP Technical Assistance Tips #1: Continuous Improvement.

CPC communities also identified a number of specific program-related areas for which they would welcome support and technical assistance. They include the provision of more concrete/specific guidelines for the manner in which CPC funds should be spent, helping CPCs to gain more support and recognition for early care and education and CPC activities both within the education system and throughout the community-at-large, and assistance in the recruitment of under-represented agencies (such as family child care providers).

3. Apply CPC lessons to other efforts to promote collaboration.

The approach to collaboration that characterizes CPC is similar to many other ongoing and proposed initiatives to upgrade early care and education programming and family support services in the Commonwealth of Massachusetts. Therefore efforts should be made to draw out the lessons of CPC for policy-making and shaping pending legislation related to early care and education and other services to support families including, for example, the legislation emerging from the Children First report. The experience of CPC communities has a lot to offer to those who seek to reform and upgrade services for young children and their families, be they focused on child care, education, or other services that could benefit from a more coordinated, comprehensive approach.

Research Recommendations

In conducting this study, many questions emerged that could not be adequately resolved. For example, we often heard about agencies and programs that could have been involved in CPC but were not, and we frequently heard about instances in which staff from different agencies had different assessments of the CPC program's functioning and accomplishments. Similarly, it has not been possible to engage in systematic explorations of the variations in performance across communities, and hence to learn about the kinds of approaches to the CPC process that are most and least likely to bear fruit in specific situations. The most promising avenues for further research include the following:

1. Examine community contexts.

Many characteristics of the community context have a profound effect on the development and success of CPC programs. Factors such as whether the community is urban, suburban, or rural; the number and types of early childhood education and child care providers that exist; the types of pre-existing relationships that exist among providers; and the availability of other resources are potentially significant.

Further research into the interaction of these factors in the development and growth of collaborations would be useful to policymakers designing and reviewing programs like CPC, and helpful to communities seeking to understand and improve their efforts.

2. Describe the ways collaboration works.

We have attempted in this study to identify successful strategies employed in the 51 Phase II CPC communities, but there is much that we have not been able to examine in a systematic fashion. Additional information about such subjects as the role of leadership, the adoption of specific collaboration models, the quality of relationships, and the mechanisms of decision making and conflict resolution, would be very useful in designing programs and planning technical assistance for community collaborations.

In addition, understanding the experiences of those agencies and programs that are more or less positive about the way things have been going, or that have been more or less successful in achieving the CPC objectives could add substantially to our understanding of the CPC process, the kinds of benefits that it can produce, and -- more generally -- the kinds of steps that can be taken to expand the capacity of communities to meet the needs of young children and their families.

3. Identify the "missing players."

Systematic efforts should be undertaken to identify agencies or programs that are not participating in CPC collaborations, and understand why they are not involved. This will require a more focused approach to individual communities. If the collaborative model of CPC is expected to bring about changes in the early childhood care and education system across agencies and throughout communities, information about who is "missing" and why will be extremely important to developing plans for outreach and expansion.

More research in these areas would be beneficial. Given the experience of the Quality Enhancement Project, these efforts would benefit from and be greatly enriched by efforts to involve representatives of the CPCs throughout the process of planning, carrying out, and interpreting the results of this research.

Appendix A: List of CPC Phase II Communities

CPC Community/ies	Lead Agency
Amherst	Amherst Public Schools
Attleboro	Attleboro Public Schools
Barnstable	Barnstable Public Schools
Beverly	Center for Family Development North Shore (Head Start)
Boston	Action for Boston Community Development (Head Start)
Braintree	Quincy Community Action (Head Start)
Brockton	Brockton Public Schools
Brookline	Brookline Public Schools
Cambridge	Cambridge Public Schools
Central Berkshire (Windsor, Dalton, Hinsdale, Peru, Washington, and Becket)	Central Berkshire Regional School District
Chelsea	Chelsea Public Schools
Chicopee	Chicopee Public Schools
Clinton	Clinton Public Schools
Dennis and Yarmouth	Dennis/Yarmouth Regional School District
Eastham and Wellfleet	Eastham/Wellfleet Regional School District
Everett	Everett Public Schools
Fall River	Fall River Public Schools
Farmington River (Otis and Sandisfield)	Farmington River Regional School District
Fitchburg	Fitchburg Public Schools
Framingham	Framingham Public Schools
Gardner	Gardner Public Schools
Gateway (Worthington, Middlefield, Chester, Huntington, Blandford, Russell, and Montgomery)	Gateway Regional School District
Gill and Montague	Gill-Montague Regional School District
Greenfield	Greenfield Public Schools
Harwich	Harwich Public Schools
Holyoke	Holyoke-Chicopee Head Start
Hull	Hull Public Schools
Lawrence	Greater Lawrence Community Action (Head Start)
Leverett	Leverett Public Schools
Lowell	Lowell Public Schools
Ludlow	Ludlow Public Schools
Lynn	Lynn Public Schools
Malden	Malden Public Schools
Martha's Vineyard	Martha's Vineyard Regional School District

Maynard	Maynard Public Schools
Medford	Medford Public Schools
New Bedford	New Bedford Public Schools
North Adams and Florida	North Adams Regional School District
Old Rochester (Rochester, Marion, and Mattapoiset)	Old Rochester Regional School District
Orange	Orange Public Schools
Pioneer Valley (Leyden, Bernardston, Northfield, and Warwick)	Pioneer Valley Regional School District
Quincy	Quincy Community Action (Head Start)
Revere	Revere Public Schools
Salem	Salem Public Schools
Southbridge	Southbridge Public Schools
Taunton and Raynham	Triumph, Inc. (Head Start)
Webster	Worcester Community Action Services (Head Start)
West Springfield	West Springfield Public Schools
Westfield	Westfield Public Schools
Weymouth	Weymouth Public Schools
Winchester	Winchester Public Schools

Appendix B: CPC Community Survey Questionnaire

Quality Enhancement Project

Survey of
Community Partnerships for Children
Communities

December 1995

Quality Enhancement Project
Center for Applied Child Development
Eliot-Pearson Department of Child Study
Tufts University
105 College Avenue
Medford, MA 02155
Phone: 617-627-3986
Fax: 617-627-3503
E-mail: CACD-QEP@Emerald.Tufts.edu

For QEP use only.	
Date Received:	
Community:	Coded by:
Group:	Data entered by:

General Instructions

1. This survey is designed to be filled out by your Q-team, working as a group. You may feel free to divide up the survey questions among yourselves or to work together, but the answers to all questions should ultimately be agreed upon by the entire team. We have provided you with three copies of the survey and one official survey booklet so that you can each work on one draft copy and final answers can be put in the official booklet. Please save your drafts and make a copy of your official booklet. They will be useful for future QEP activities.

2. Review the entire survey briefly before you go on so that you are aware of the kinds of information we are asking you to supply. Please pay attention to the introduction to each question, because some questions look similar, but ask for different types of information.

3. To minimize the work involved in completing the survey, you will want to have several types of documents available when you begin:
   - ❒ original CPC proposal
   - ❒ budget and financial reports from FY95
   - ❒ program names & enrollment for FY95
   - ❒ CPC Council records
   - ❒ Future Trend Survey responses
   - ❒ service records
   - ❒ FY94 and 95 renewal proposals

4. Many questions ask for a "yes" or "no" answer and then ask you to elaborate on a particular response. If you have any reason to elaborate on <u>any</u> answer, please feel free to do so.

5. Many questions ask for numbers that may be difficult to obtain in CPC communities that are serving children in multiple settings. If the necessary information is not maintained by the lead agency, we suggest that you make copies of those questions that require census-type counts and ask program directors to supply the information for the children and staff in their settings and then collate the information.

6. Questions that ask you to reflect on the CPC process in your community may require some interpretation. Each member of the Q-team should think about these questions, and then the Q-team as a whole should come to an agreement about the most accurate answers. Later in the QEP process, we will be seeking more detailed information about the ways the process may have been different for different types of participants. For purposes of this survey, we are looking for your consensus on the actual effects of the CPC process in your community. If you are in substantial disagreement, please make a note of it on the back page of the booklet.

7. If you find it difficult to understand the intent of any questions and are unsure how to answer, please let us know and we'll be happy to help. We prefer to be contacted by fax at (617) 627-3503 or by e-mail at: CACD-QEP@Emerald.Tufts.edu. If neither is available to you, call us at (617) 627-3986.

8. **Please do not leave any item blank. All of the information in the survey is critical for documenting the CPC process and identifying effective practices and strategies. If you do not have exact figures, you may use your best estimate; please mark estimates as such.**

9. Please return your official survey booklet to us by **Wednesday, February 21, 1996**. It is very important that we have information from all 51 CPC communities so as to be able to draw the most complete picture of the Community Partnerships for Children program across the state. We will be analyzing the data gathered from this survey in the spring so that we can share the information with you in subsequent focus group meetings and publications.

NOTE: The information provided in this survey will be used by QEP to understand the CPC process around the state. Numbers or statements made by your Q-team will be reported to the Department of Education in aggregate form or anonymously. The data collected will not be used to make summative judgments about any individual community's CPC program or their eligibility for additional funding.

Glossary of Terms

agency/agencies-- organization(s) offering services to children and families--includes LEA, family and center-based childcare providers, health care providers, community economic development organizations, and any others that are part of the CPC council.

at-risk-- children who fit into designated categories of circumstance that are believed to be related to disproportionate difficulties in schooling are considered "at-risk" for purposes of the CPC grant. Factors that are often used to identify children who are at-risk or underserved include:

Poverty	Child Risk Factors	Family Risk Factors	Other Factors
• family income less than 50% of State Median Income • family receiving AFDC	• premature birth • prenatal drug exposure • low birthweight • developmental delay • lead poisoning • inadequate nutrition • inadequate nurturance • physical disability	• homelessness or frequent moves • prolonged unemployment • adolescent parent • single parent • low maternal education • physical /emotional abuse or neglect • deprived or isolated environment • substance abuse in family • parent or sibling with disability or mental, chronic, or terminal disease	• non-English speaking family • recent immigrant family • ethnic/racial minority

CPC community-- the city, town, or towns that are the targeted areas for CPC activities.

CPC Council-- originally called the Early Childhood Advisory Council (ECAC), now referred to as the Community Partnership Council. The group of individuals and agency representatives who are collectively responsible for planning and oversight of the CPC grant.

CPC program-- the activities planned by the Council and funded by the CPC grant.

CPC process-- process through which individuals and agencies came together to plan and apply for funding, and carried out jointly planned activities. The "CPC process" may have had effects beyond those for which CPC funds were expended--e.g., discussions of priorities in the CPC Council lead to changes in the ways participating agencies functioned.

CPC supported children-- children whose care and education were arranged and carried out with assistance of CPC funds. Not all children in participating programs are necessarily CPC supported--e.g. an existing preschool setting that was enabled to take in 3 additional children with help from CPC funds would be serving 3 CPC supported children.

CPC supported programs-- programs receiving direct funds or in-kind assistance arranged through the CPC process. The program that was enabled to take additional children, the new classroom started in part with CPC funds, and the daycare center getting curriculum consulting or staff training would be considered CPC supported programs.

ft/pt-- full-time/part-time.

FY 95-- fiscal year 1995 ran from July 1994 through June 1995.

program-- a program is an early childhood setting with its own administrative arrangement. Programs may have multiple classrooms.

program sponsor-- the program sponsor is the type of agency responsible for the program, either the Public Schools, Head Start, or a Private Preschool/Childcare Agency.

slots-- slots are openings for children in a program. In some cases, two children may share one slot, or one child may fill two slots in two different programs. When we ask for numbers of slots, we are interested in openings in programs, not children being served.

Availability of Services

1. Please provide the following information on the availability of early childhood programs in your CPC community at the end of the last full fiscal year (FY95: July 1994-June 1995).

# SLOTS AS OF JUNE 1995	Public Schools		Head Start		Private PS/ Childcare		Family Childcare Homes	
	pt	ft	pt	ft	pt	ft	pt	ft
total # of slots available in community								
# of slots partially or fully funded under original Chapter 188 program (now part of CPC)*								
# of slots partially or fully funded under CPC grant (do not include Chapter 188 carry-over)								

* If your community did not receive Chapter 188 funding, please write "NA" or "not applicable."

2. Are there any early childhood programs in your community in which enrollment has decreased due to the creation of slots as a result of CPC?

❒yes ❒no

If yes, please describe.

3a. As a result of the CPC process, has your community attempted to recruit new <u>private</u> (family or center-based) providers who have not offered preschool/childcare services in your community before?

❒yes ❒no

If yes, please describe your recruitment activities.

3b. How many new providers have been recruited and how many new slots have been generated?

New Providers _____ New Slots _____

4. Are there other factors that have positively or negatively affected the availability of care for all children or particular groups of children in your community other than the CPC grant (e.g. other grants, economic changes in community, demographic shifts, etc.)?

❒yes ❒no

If yes, please cite specific factors and explain.

5. One goal of the CPC grants was to promote greater equity in services for young children and their families. Please describe how your CPC Council defined "Equity" in addressing this goal, and give the two most significant examples of how your CPC addressed this goal.

6a. There is much discussion in human service and education circles about the relative value of providing universal or targeted services. Based on your knowledge of the CPC planning process, where would you place your CPC Council's position with regard to service provision?

1	2	3	4	5
Target services for children most in need				Provide services for all children, regardless of need, on a first-come, first-served basis

6b. The importance of serving children with special needs in integrated classrooms is also a subject of much discussion. Based on your knowledge of the CPC planning process, where would you place your CPC Council's position with regard to integration/inclusion?

1	2	3	4	5
Provide services for all children with special needs in specialized settings				Serve all special needs children in integrated or inclusive classrooms only

7. Please (a) list particular risks, constellations of risks, or unmet needs for services that your CPC Council identified in your original needs assessment, (b) check those that were addressed directly in your provision of services under the CPC grant and (c) explain how they were addressed. Then (d) indicate the number of children in each category who were served with CPC funds in FY95.

a. Risk Factor or Constellation of Risk Factors Identified in Needs Assessment	Addressed directly under the CPC: b.✔	c. How is it being addressed?	d. Number of children being served*

*overlap because of children with multiple risk-factors is okay.

8. What mechanism did your community use for prioritizing children to receive services under the CPC grant (e.g. a point system for cumulative risk; priority to a particular risk group; current Head Start waiting lists; first-come, first served; served all children in age group; etc.)? Please be specific.

9. As a result of the CPC process, has there been an increase in the number or proportion of at-risk children who are receiving services in your community?

❒yes ❒no

If yes, please describe the change, and the number of additional at-risk children served.

In the next two questions, we are looking at the integration of classrooms in which CPC supported children receive services. We are asking you to supply information for each classroom in which 1 or more CPC-supported children received services in FY95. In these questions, we require information about all the children in the classroom, not just those with CPC-support.

10. For each classroom which had 1 or more CPC-supported children in FY95, please indicate what proportion of children in the classroom had the following risk factors or special needs (fraction or % of special needs children out of total number in classroom--numbers may overlap):

Name of Program/Classroom	Pub/ Pri/ HS*	low income	IEPs	non-English speakers	other (specify)	other (specify)	other (specify)
example: Happy Daycare (12 children, 2 staff)	*Pri*	*4/12 33%*	*1/12 8%*	*2/12 17%*	*phys dis. 1/12 8%*	*immigrant 1/12 8%*	

* Pub = Public School, Pri = Private School, HS = Head Start

11a. We are interested in the extent to which the classrooms in which CPC-supported children receive services are integrated by language, and whether non-English-speaking children are working with teachers who are fluent in their languages. For each classroom that served 1 or more CPC-supported children in FY95, please indicate: the number of children who used English, Spanish, or another major language group as their primary language of communication at home. Then indicate the number of classroom staff (lead teachers, teachers, assistant teachers, or aides) who were fluent in the same languages. (Children should be counted only once by their native language group; staff may be double counted only if they speak more than one language other than English.) **(table on next page)**

11a. continued:

NAME OF PROGRAM/CLASSROOM	Pub / Pri/ HS*	English only # of child.	# of staff	Spanish # of child.	# of staff	# of child.	# of staff	# of child. staff	# of
example: Happy Daycare (12 children, 2 staff)	*Pri*	*10*	*1*	*1*	*1*	*Creole 1*	*Creole 0*		

11a. continued--additional language groups.

NAME OF PROGRAM/CLASSROOM	Pub Pri/ HS*	# of child.	# of staff	# of child.	# of staff	# of child.	# of staff	# of child.	# of staff

* Pub = Public School, Pri = Private School, HS = Head Start

11b. For CPC supported classrooms that have no teachers (lead teachers, teachers, assistant teachers, or aides) who are fluent in the languages spoken by children, how is communication between teachers and children facilitated (e.g. fluent volunteers in classroom, parents act as translators, other children act as translators, teachers learn some familiar phrases, etc.)?

Accreditation

12. Please list the names and sponsorship of all CPC supported programs in your community and indicate their date of accreditation. If they have not yet been accredited, please check their stage in the accreditation process (in self-study for less than 1 year, more than 1 year, self-study completed/awaiting validation, deferred, appealing or beginning again).

PROGRAM NAME	Pub/ Pri/ HS*	Accredited (date)	In self-study for under 1 year	In self-study for over 1 year	Self-study done and awaiting validation	Defer -red	Appealing or beginning again

* Pub = Public School, Pri = Private School, HS = Head Start

13. Did your community use CPC funds to support any of the following types of technical assistance for programs going through accreditation?

- ❒ accreditation specialist/consultant
- ❒ accreditation workshops
- ❒ mentoring program
- ❒ teacher training
- ❒ teacher training materials
- ❒ curriculum materials
- ❒ physical improvements to spaces
- ❒ NAECP fees or accreditation materials
- ❒ other (specify _____)
- ❒ other (specify _____)

14. In your community's experience, what were the most difficult issues that had to be addressed by programs seeking accreditation for the first time? Rank up to 5 items (1= most difficult issue, 2= 2nd most difficult etc.)?

- __ teacher credentials
- __ staff/child interactions
- __ developmentally appropriate curriculum
- __ language development curriculum
- __ multicultural curriculum
- __ staff/child ratios
- __ health and safety training
- __ classroom spaces
- __ outdoor spaces
- __ educational philosophy
- __ program policies
- __ administrative issues, e.g. paperwork
- __ availability of materials
- __ parent involvement
- __ other (specify _____)
- __ other (specify _____)

15. Are there any programs in your community that:

a. were dropped from participation in the CPC because they did not receive accreditation?

❒yes ❒no

b. were judged ineligible by your CPC Council because they are not accredited or are perceived as not being accreditable?

❒yes ❒no

c. avoided becoming involved in the CPC process because they view themselves as not being accreditable?

❒yes ❒no

Please describe the circumstances in any of the above cases (15a-c).

Staffing/Professional Development

16. Has your community used CPC funds to support programs in adding teachers to classrooms to improve staff/child ratios?

❒yes ❒no

If yes, please describe what was done.

17. Has the CPC process in your community supported early childhood staff in upgrading their professional credentials?

❒yes ❒no

If yes, which of the following strategies did your community use (check all that apply)?

- ❒ Tuition assistance for training/education
- ❒ Training for basic OFC certification
- ❒ Time-off for training/education
- ❒ Salary or other incentives for upgrading credentials
- ❒ Support for attending conferences
- ❒ CEUs or PDPs offered for CPC-sponsored training
- ❒ Other (specify _____)
- ❒ Other (specify _____)

18. Has the CPC process in your community resulted in efforts to retain experienced ECE teachers?

❒yes ❒no

If yes, please describe what was done (e.g. improved salaries or benefits, new incentives for long-term staff, etc.).

19. Did your CPC Council use CPC funds to enable programs to give teachers paid planning time in the course of the day to prepare curriculum, observe children, meet together, get supervision, or meet with children or families?

❒yes ❒no

If so, how?

20. In each of the following areas, indicate (a) whether the CPC Council or partners have identified a need for staff training*, (b) whether issue-specific training has been offered under CPC auspices (includes training funded by CPC or organized by CPC partners), (c) whether PDPs, CEUs, or other credit were offered for the training, and (d) the number of staff who participated in at least one training session that addressed the issue:

TOPIC AREA	a. need for training* ✓	b. offered training ✓	c. PDP,CEU, other credit ✓	d. total # of staff trained since grant began
Cognitive development				
Emotional development				
Language &/or 2nd language development				
Developmentally appropriate curriculum				
Language-diversity curriculum				
Multicultural curriculum				
Anti-bias curriculum				
Inclusion of children with special needs				
Working with children with physical challenges				
Screening and Assessment				
Working with homeless families				
Working with drug involved families				
Working with victims of abuse or neglect				
Family development				
First Aid/CPR				
HIV/Universal health precautions				
Behavior management				
Other topics (please describe)				

* Please check all topics on which your CPC would like to offer training, whether or not you have done so. We expect that this will be the case for some topics, and we want this information to help us formulate recommendations for future planning and resource sharing across the state.

Parent Involvement

21. Did the CPC process in your community increase the level of parent involvement in early childhood education programs?

❒yes ❒no

If yes, how was this accomplished?

22. Please check all types of active parent involvement in your community since CPC began:

❒ program governance
❒ CPC Council planning
❒ outreach to other parents
❒ curriculum planning
❒ fundraising
❒ classroom activities
❒ special activities (e.g. field trips)
❒ parent education
❒ advocacy in community
❒ other (specify _____)

23. With regard to parent education classes or workshops: please indicate for each of the following topics (a) whether parent education on the topic has been offered under CPC auspices, (b) the total number of parents who participated in at least one session that addressed the topic, and (c) whether some sessions were conducted in any languages other than English:

TOPIC AREA	a. offered ✓	b. # of parents attending	c. some sessions conducted in: (name language)
Parenting (general)			
Child Development			
Behavior Management			
Family Literacy			
ESL for parents			
Children with special needs			
Nutrition and health			
Other (please specify)			

24. What other strategies, besides classes or workshops, has your community used to provide parenting education under the CPC grant?

Family Needs/Comprehensive Services

25. Has your community used the CPC process to increase the availability or accessibility of any of the following services for young children and their families? (check all that apply):

- ❒ Early childhood care and education
- ❒ Extended-day services
- ❒ Extended-year services
- ❒ Services for children with special needs
- ❒ Services for non-English-speaking children
- ❒ Childcare for younger children
- ❒ Transportation
- ❒ Parenting support services
- ❒ Adult Education
- ❒ Social services
- ❒ Home visiting
- ❒ Medical services
- ❒ Mental health/counseling
- ❒ Nutritional services
- ❒ Housing services
- ❒ Referral to community services
- ❒ other (specify _____)
- ❒ other (specify _____)

26. Please describe any specific efforts to improve the comprehensiveness of services that were particularly unique or effective, and give us the name and phone number of someone we can contact for more information.

Name _____ Phone Number _____

Costs

In the next group of questions, we ask for specific information from the last full fiscal year (FY95 = July 1994-June 1995). We are interested in the actual amount of money spent in particular categories of expenses, not the budget projections that were part of your grant proposal. Please refer to your FY95 final budget report, or equivalent, to find these numbers.

27. Please report the following dollar amounts, broken down into financial and in-kind costs, for FY95. If you did not allocate funds in a category, please write "NA" or "not applicable." We are trying to track certain categories of cost across the state, some of which may not have been part of your usual reporting to DOE. If you used different categories, please try to convert to these; use your own only where costs cannot be dis-aggregated.

CATEGORY OF EXPENSES/COSTS	Financial costs* (paid from CPC grant)	In-kind costs* (donated/paid by others)
Staff:		
Administrative		
Professional (teachers, social workers, etc.)		
Support (clerical)		
Fringe		
What portion was spent on multilingual staff?		
Contractual services:		
Subcontracts with service providers		
Staff training costs		
Language translation services		
Other (please specify)		
Supplies:		
Food		
Office supplies/copying etc.		
Classroom materials/curriculum resources		
What portion was spent on special education or multicultural materials?		
Materials or equipment over $5000 (please specify)		
(include major capital improvements to accommodate children with special needs or to meet OFC or NAECP requirements)		
Other:		
Children's transportation		
Rental of space/utilities/maintenance		
Administrative expenses		
Other:		
Total financial and in-kind costs for CPC programming in FY95		

***Financial costs** are actual charges to the CPC budget for services provided or materials purchased (including direct and contracted services). **In-kind costs** are documented estimates of the value of services or materials that are contributed by CPC partners to meet CPC goals and that are not reimbursed from the CPC grant (e.g. proportion of salary of agency staff who spend time on CPC functions, value of transportation services donated by public schools, etc.).

28. The following question is intended to get at a potentially important impact of the CPC process: "value added" in early childhood care and education. We ask you to calculate the value of actual child care and education that was made available to families through the use of CPC funds. Please provide the following figures for FY95 (an illustrative example follows):

	FY 1995 Figures
a. Total CPC grant budget	
b. Amount spent in direct payments for care and education services (charges to CPC budget to support direct services; do not include enrichment services, transportation, or administration*)	*
c. Proportion of total budget represented by above figures (amount in b divided by amount in a [b / a])	
d. Parent fees paid to providers for care of children receiving support from CPC grant	
e. Actual value of care received by grant supported children (total of full fees appropriate for actual hours of care received by children**)	**
f. Value of care purchased for each grant dollar spent (amount in e minus amount in d divided by amount in b [(e - d) / b])	

* We are trying to get at the amount spent to provide basic classroom services-- this should include the total amount paid to contracting programs and the basic operating costs for CPC-sponsored programs.

** Include the appropriate tuition for each child receiving a CPC subsidy and/or for each child in a program that is primarily funded or sponsored by the CPC. If programs have a sliding fee scale, use the median; otherwise use the regular full fee for the hours/days of care each child received. We are trying to get at what the care would have cost if it had to be paid for privately.

Example:

In my community, 80 children are receiving some CPC support for private preschool or extended Head Start services or are attending a CPC-sponsored integrated preschool program:

a. The **total CPC budget** is: **$ 97,000** .

b. The amount paid directly by CPC to providers for direct services is: $ 23,000.
The amount paid for basic operating costs of the CPC-sponsored program is: $ 50,000.
Total amount paid for **direct services** for children is: **$ 73,000** .

c. The **proportion** of the total CPC budget is: 73,000/97,000= **75%**

d. The **parent fees** paid for supported children's care is:

private preschool:	$10/week x 52 weeks/year =	$520 x 18 children =	$ 9,360.
	$25/week x 52 weeks/year =	$1300 x 6 children =	$ 7,800.
extended Head Start:	no charge		0.
CPC program:	various fee levels for 24 children/ total collected =		$ 15,500.

Total parent fees charged is: **$ 32,660** .

e. The **actual value** of supported children's care is:

private preschool:	$50/week x 52 weeks/year =	$2600 x 18 children =	$ 46,800.
	$110/week x 52 weeks/year =	$5720 x 6 children =	$ 34,320.
extended Head Start:	$10/week x 40 weeks/year =	$400 x 32 children =	$ 12,800.
CPC program:	sliding scale median tuition = $90/week		
	$90/week x 40 weeks/year =	$3600 x 24 children =	$ 86,400.

Affordability/Accessibility

29a. Did your community use CPC funds to create or support scholarships?

❑yes ❑no

If yes, please describe and indicate how many children received CPC funded scholarships in FY95?

full scholarships in FY95 _____

partial scholarships in FY95 _____

29b. Did your community use CPC funds to help programs create or support a sliding fee scale?

❑yes ❑no

If yes, please describe and indicate how many programs serving CPC children had a sliding fee scale in fiscal 1995 (do not include DSS sliding scales)?

new sliding scales in FY95 _____

previously existing sliding scales expanded in FY 95 _____

30a. Please describe any other strategies used in your community to leverage CPC funds to make care and education more affordable:

30b. Please describe any ways you used the CPC process, other than through direct funding, to make care and education more affordable:

Collaboration

31. Please check the one sentence that best describes the general feeling in your community with regard to interagency efforts prior to the 1992-3 CPC grant application process and the one sentence that best describes the general feeling in your community at the present time. (Communities that had an ECAC Council under the Chapter 188 grant may have expanded that Council or formed a new Council to prepare for the CPC grant, we are interested in the difference between the prior configuration/organization and the collaboration beginning in 1992.)

GENERAL DESCRIPTION OF COMMUNITY SITUATION	Prior to CPC ✓	Now ✓
Lack of communication among agencies/programs		
Exchange of information among programs (communication)		
Cooperation among several agencies/programs (e.g., established procedures for regular meetings, sharing of information)		
Coordination of some services (e.g., joint staff or parent training, screenings, cross-site visits)		
Some collaboration (e.g., sharing of human or material resources such as space, staff, transportation)		
Extensive collaboration among agencies/programs		

32. Have your CPC Council's efforts to collaborate hindered agency operations, agency staff, parents, and/or children in any way?

❒yes ❒no

If yes, please give a brief description and the name and phone number of someone we could contact for more information.

Name _____ Phone Number _____

33. The following factors are commonly thought to promote long-term collaborative relationships. Rank up to five factors that contributed to effective collaboration in your community. (1= most helpful, 2= second most helpful, and so on). Then indicate whether the CPC process has helped to increase the presence of any of these factors and comment.*

FACTORS THAT PROMOTE COLLABORATIVE RELATIONSHIPS	Rank order 1 to 5	CPC process has helped to increase the presence of this factor. ✓	Comment
All major culture and population groups in the community are represented and have a voice in efforts to shape early childhood education system.			
There is joint decision-making; a democratic process in which participants feel they have a role in decision-making, and feel invested and empowered to meet local needs			
There is flexibility within the limitations of each organization. This may include a willingness to make adaptations to fit community needs.			
Organizational and coordinated leadership roles in CPC collaborative groups have been jointly developed and mutually agreed upon.			
Common philosophy and commitment to serve the needs of children and families shared by all individuals involved in service provision.			
There is a permanent collaborative structure in place which has written policies and guidelines.			
There is respect for the strengths of other agencies and the constraints that they face.			
There is a formal process in place to resolve conflicts among agencies.			
There is regular formal communication among early childhood education agencies.			
Linkages are built-in through informal interagency agreements.			
Linkages are built-in through formal interagency agreements.			
Systematic efforts are under way to identify and eliminate duplication of services where availability exceeds need.			
There is sharing of material resources among agencies.			
There is sharing of funding among agencies.			
There is sharing of training and other human resource development resources among agencies.			
Agencies work together to plan activities and programs.			
Collaboration includes other groups: business representatives, parents, interested residents, etc.			

* You may check more than five factors as having been increased and comment on any of them.

34. The following factors are commonly considered to be barriers to long-term collaborative relationships. Rank up to five factors that represent barriers to effective collaboration in your community (1= most powerful barrier, 2= second most powerful barrier, and so forth). Then indicate whether the CPC process has helped to reduce any of these barriers and comment.*

POTENTIAL BARRIERS TO COLLABORATION	Rank order 1 to 5	CPC process has helped to reduce this barrier ✓	Comment
Differences in salaries, benefits, and/or working conditions between programs/ agencies.			
Differences in staff qualifications.			
Philosophical differences as to what constitutes successful collaboration.			
Philosophical differences about the objectives and priorities in early childhood education.			
Differences in program standards.			
Differences in service areas.			
Differences in eligibility criteria.			
"Turf" issues (e.g. unwillingness to give up some control, share resources).			
Competition over funding.			
Lack of a collaboration agenda/agreements to which everyone subscribes.			
Lack of quality guidance and leadership for collaboration.			
Lack of knowledge/ideas on how to collaborate.			
Lack of time to collaborate.			
Lack of adequate funding.			
Confidentiality issues within and across agencies.			
Participants remain more committed to the agendas of their own agencies/organizations than to the goals of collaboration.			

* You may check more five factors as having been reduced and comment on any of them.

35. What are some of the intended objectives and tangible accomplishments of your community's CPC collaboration thus far? (check as many as apply):

ACCOMPLISHMENTS OF CPC COLLABORATION	Planned ✓	Already happened ✓
Agencies have developed new methods of service delivery.		
Agencies have increased the diversity of those being served.		
Agencies have collaborated in developing additional funding proposals.		
Agencies have been awarded additional funds.		
One or more agencies has cut back on a service that was duplicating services of others.		
Agencies have collaborated on creating staff training and staff development opportunities.		
Agencies have collaborated in other service areas than CPC (please specify).		
Agencies have shared/reallocated resources other than the CPC grant.		
Agencies have officially adopted a mission statement that outlines the role of early childhood education in the community.		
CPC has received endorsement of other community leaders.		
CPC has engaged in celebrations of effective early childhood activities in the community.		
CPC activities have been reported in the media (newspapers, radio, TV).		
There is shared outreach among agencies for CPC programming.		
There is shared outreach among agencies for programming other than CPC.		
There is a shared intake process among agencies for CPC programming.		
There is a shared intake process among agencies for programming other than CPC.		
There are shared activities for parents for CPC programming.		
There are shared activities for parents other than CPC activities.		
There are shared activities for children for CPC programming.		
There are shared activities for children other than CPC activities.		
Other (please specify)		

36a. Which of the following agencies and/or groups <u>are</u> adequately represented on the CPC Council or on other CPC planning and operational groups?

- ❒ Head Start programs
- ❒ Public preschool programs
- ❒ Private preschool programs
- ❒ Family child care providers
- ❒ Special educators
- ❒ Cultural/linguistic minority communities
- ❒ Providers of social services
- ❒ Providers of medical services
- ❒ Mothers
- ❒ Fathers
- ❒ Business community
- ❒ Community leaders
- ❒ Other (specify _____)
- ❒ Other (specify _____)

36b. Please explain why the agencies or groups you <u>did not</u> check are not involved and whether you have plans to try to involve them in the future.

37. What do you think would be the most valuable help you could receive (from DOE, QEP, or any other source) for improving the collaboration effort in your community?

38. What additional steps (if any) are you now taking to promote further coordination among early childhood education programs/agencies in your community?

39. Has your CPC Council adopted a formal mission statement aside from the vision statement required in the application?

❒yes ❒no

If yes, please attach it to this form.

40. In general have the benefits of collaboration in your community outweighed the costs?

❑yes ❑no

Please explain why you say this.

41. We would like to highlight some of the most effective CPC collaboration mechanisms and approaches in our final report. Do you feel that any of your CPC activities fits this criterion?

❑yes ❑no

If yes, please give a brief description and the name and phone number of someone we could contact for more information.

Name _____ Phone Number _____

Evaluation

42. Has your CPC Council undertaken any formal evaluation of CPC activities/impacts?

❑yes ❑no

If yes, please give a brief description and the name and phone number of someone we could contact for more information.

Name _____ Phone Number _____

43. What are your goals for the next year, and how do you plan to monitor your progress?

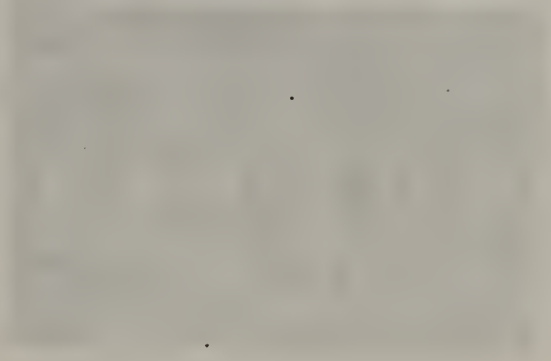
Please use the space on page 24 to describe any other achievements, circumstances, conflicts, innovations, issues, successes, or changes that have stood out in your reflections on your community's experience with the CPC process over the past 3 years and that you think should be considered in the QEP process.

Appendix C: QEP Technical Assistance Tips Pamphlets

Technical Assistance Tips #1: Continuous Improvement

Technical Assistance Tips #2: Collaboration

Technical Assistance Tips #3: Family Engagement



QEP Technical Assistance Tips

NUMBER 1

Continuous Improvement

Tips on Effective Practices for Evaluation, Self-Assessment, and Continuous Quality Improvement

Quality Enhancement Project

January 1997

The Quality Enhancement Project

We all want the best for our children and the children for whom we are responsible. We want to know how to create successful programs to educate young children and support families, programs that can make the most of limited resources.

In recent years, knowledge gained from the fields of program evaluation, business management, and organizational development has been used to help communities develop healthy, collaborative projects to serve the needs of children and families.

The Quality Enhancement Project (QEP)—a partnership between the Massachusetts Department of Education and the Center for Applied Child Development of the Eliot-Pearson Department of Child Development at Tufts University—extends this knowledge to Community Partnerships for Children (CPC) across Massachusetts. Over 45 CPC communities have been involved in the QEP process in an effort to help themselves and each other to

(1) assess the progress of their programs and the performance of their collaborations; and

(2) build on their effective approaches to program development, collaboration, and problem solving.

QEP Technical Assistance Tips

Based on what we have learned in the QEP process, these Technical Assistance Tips pamphlets have been prepared as tools for collaborations to use for self-assessment and continuous improvement.

This first pamphlet provides an introduction to the QEP process for self-assessment and continuous improvement. Others focus on specific issue areas that parents and providers have discussed in QEP focus groups, beginning with "collaboration" and "engaging families."

Many of these ideas can be used to address any issue or program area. These pamphlets are only intended to get you started.

Using These Tools in Your Community Partnership

These Technical Assistance Tips pamphlets are designed as interactive tools. You are encouraged to answer the questions, complete the checklists, and use them as starting places for discussing your own collaborations and programs. You may choose to work through these pamphlets as a group, perhaps at a meeting of your staff or partnership council. Or you may decide to ask a number of people to consider the material on their own, and then come together to compare their answers and discuss differences of perception.

The QEP Technical Assistance Tips pamphlets are based on experiences with the CPC program in Massachusetts. They are intended to be useful for any community group working on a collaborative effort to develop programs for children and families, but they may also be useful for individual early childhood or family support programs wishing to assess their progress as they grow and improve.

We hope that this quality enhancement process will provide useful feedback for your own community collaborations, and that you will share what you are learning with other communities and with the Department of Education and other funding agencies.

Once you have begun to assess your progress, consider whether you can offer help to, or utilize assistance from, your neighboring CPC communities. We hope this process will support quality enhancement across communities statewide.

Training Opportunities

The Department of Education/ Early Learning Services will be sponsoring training for CPC communities related to self-assessment, continuous quality improvement, and program evaluation. If you would like additional assistance in putting these concepts to work or making contact with neighboring CPC communities, call Early Learning Services.

Early Learning Services:

781-388-3300, ext. 357

Continuous Improvement

The "continuous improvement" process that we talk about in the Quality Enhancement Project is inspired by two ways of looking at organizations and programs: the Total Quality Management movement in business and organizational development and the Five-Tiered Approach to program evaluation.

The common denominators in these two approaches are

- the involvement of people representing different interests or perspectives in defining quality;
- the systematic collection and analysis of information for assessing quality; and
- the use of this information for quality improvement.

In your CPC, continuous improvement begins when the partnership council (or some other group) identifies an area in which you need to address a problem or enhance the quality of the program. Your group should then clarify the criteria you will use to define quality, identify your shared goals (or the different goals of various members) in that area, gather any information needed to assess your progress toward those goals, and use the findings to move forward.

When to Undertake Continuous Improvement Activities

Consider taking time for assessment and continuous improvement activities when you are

- beginning to establish a collaboration, develop a new program, or apply for funding;
- preparing to expand or change your program to include a new population, provide more comprehensive services, or serve more families;
- dealing with a pressing problem, conflict, or concern;
- gathering information on the results of your efforts to share with your community or report to funders or policy makers.

Quality Enhancement Teams

In our year-long QEP process, many CPCs established Quality Enhancement Teams (Q-Teams) and participated in the assessment of the CPC program across the state. Those same Q-Teams also identified goals for continuous improvement and have undertaken some assessment of their own programs.

A Q-Team is a small group comprising members with different perspectives working together towards a common goal.

At any time you can establish a Q-Team in your Community Partnership to address an issue or answer a concern. You can form a Q-Team from among the members of your partnership council or from the larger community of parents and providers.

The Q-Team is not responsible for making decisions to change a project or program; that is the job of the council. The Q-Team is convened for the purpose of looking at an issue, collecting and analyzing information, identifying options, and making recommendations to the full council.

Forming a Q-Team

A Q-Team can be made up of any number of people from your collaboration. You can view your entire council as a Q-Team, though many CPCs have found that they accomplish more, and more efficiently, when they use smaller groups to focus on particular tasks. Three to five people is a good size for a working group.

More important than the size of the group is the combination of individuals who will be working together. If you are interested in the quality of the relationships between public schools, Head Start, and private child-care providers, for instance, representatives from each group should be on your Q-Team. If you want to know whether you are reaching a certain language group, you should include someone on the Q-Team who speaks that language so they can talk to families about their experiences. And if you are planning to use your Q-Team to address a conflict, those on all sides have to accept the team as legitimate and fair.

A Developmental Approach to Thinking about Programs

In the fields of early childhood education and family support, we are used to thinking about "developmental appropriateness" and paying attention to children's and families' developmental needs.

QEP based its plan for assessing the progress of Community Partnerships for Children on the Five-Tiered Approach to Evaluation, developed by Francine Jacobs of Tufts University.* This approach recognizes that programs or organizations grow and develop just as people do. The five tiers are associated with different stages in program development and with programs' changing needs for information and assessment.

Evaluation is the collection of information to help answer questions and make decisions. The questions that arise and decisions that have to be made may be different for programs as they change over time.

Patterns of Program Development

Although the Five-Tiered Approach appears to be linear, there may be a great deal of overlap in your interests and needs for assessment over time. Describing the tiers separately allows us to point out important issues in program development, while recognizing that in the real world things may not be so simple. At any time, a program may need any and all of the types of evaluation described in the model. But there are certain types of information and assessment that are more important as programs develop and grow.

We think about program development and improvement as a circular process that is ongoing.

The Five-Tiered Approach

The five tiers focus on activities that provide organizations with information for accountability and improvement at each stage of their development. The information you gather and use at one stage can contribute to your continued development.

Many CPCs have already been involved in some of the activities described below—in preparing their funding proposals or going through program accreditation, for instance. We include them here to show that all these activities can be seen as part of a continuous quality improvement process.

Tier One: Needs Assessment. At this tier, you focus on identifying the need for services in your community, the programs that are already available, the concerns of those you expect to use your program, and the types of services advocated by others. This information is used to develop a plan for a new or expanded program.

Tier Two: Monitoring and Accountability. At this tier, you monitor your efforts by regularly collecting and sharing information on the activities of your collaboration and programs, the users and providers of your services, and the costs of your efforts.

Tier Three: Quality Assurance and Program Review. At this tier, you determine the extent to which you are achieving your goals; fulfilling the needs of the families who use your services; or meeting the expectations of other community groups.

Tier Four: Achieving Outcomes. Tier Four involves identifying and measuring the short-term effects of the collaborative process or of the program on participating agencies or program clients.

Tier Five: Establishing Impact. At this tier, long-term impacts are assessed using rigorous research methods. Evaluation at this tier is quite time consuming and expensive.

These five tiers reflect the kinds of assessment that can be done as programs develop. Consider which of these tiers corresponds with the current or anticipated needs and goals of your CPC.

**Jacobs, F. (1988). The Five-Tiered Approach to Evaluation: Context and Implementation. In H. Weiss and F. Jacobs, (eds.).* Evaluating Family Programs. *Hawthorne, NY: Aldine deGruyter.*

The Importance of Mission, Goals, and Objectives

The quality of a program is defined in part by its progress towards fulfilling its mission, goals, and objectives. When you assess quality, these are the criteria against which you will measure your efforts.

Goals and objectives are not always made explicit in program development. In your CPC there are, no doubt, implicit goals that the council as a whole, or particular members, are working towards. Identifying and clarifying these goals in order to examine your progress is an important part of continuous quality improvement.

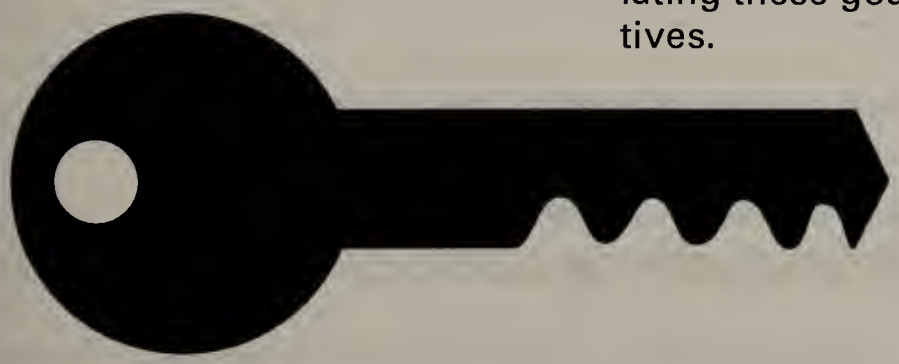
What Do We Mean by Mission, Goals, and Objectives?

The **mission** of your CPC council is a statement of the ideal towards which you are working, for example: "to give every child in the community the best chance for success in school." This is a long-term outlook.

Goals are more focused and should emerge from your mission. One goal might be "to ensure access to high quality, developmentally appropriate, and affordable preschool services for all 3- and 4-year-olds in the community" or "to enhance cooperation among private early childhood programs, Head Start, and public schools." These goals focus on areas where you hope to make change. They may not be achievable in a short time, but you can move steadily toward fulfilling them.

Objectives are the benchmarks that demonstrate progress toward achieving your goals. You might set yearly objectives for each goal. For instance, to address the first goal, your objectives might include "to accredit six community preschool programs" or "to provide placement in accredited preschool programs for all children who are 'aged out' of the Early Intervention Program." Objectives are your measurable achievements.

If you have explicit goals and objectives for your CPC, continuous improvement activities can begin there. If you do not, you may wish to convene a Q-Team to examine what goals are implicit in your efforts and begin translating these goals into objectives.



Types of Goals and Objectives

Many programs establish goals that describe how they intend to operate, for instance, "to provide a range of services in a family-centered manner." Quality improvement activities often focus on the extent to which programs are meeting these **process goals.** These goals are also called "mediating goals," because they are the mediators between the work we do and the effects we hope to achieve.

Process goals do not always draw a direct connection between the services we provide and the outcomes we hope to bring about. In addition to having goals for the type and quality of services that the program will provide, you should also define your goals for the outcome of your efforts.

Outcome goals describe the program's intended effects on a particular set of participating agencies or individuals, such as preschool children.

Some goals may serve as outcome goals for one group and process goals for another. "To increase the proportion of children with special needs who are in community programs" defines a desired outcome for programs (inclusive classrooms) and a process by which it is expected children with special needs will be better served (inclusion).

Checklist: Goals and Objectives

	Yes	No/Not yet
1. Have you developed a mission statement for your CPC program?	☐	☐
2. Have you set goals and objectives for your collaborative relationships?	☐	☐
3. Have you set goals and objectives for your programs for children and families?	☐	☐
4. Have you developed procedures to monitor your progress toward those goals?	☐	☐
5. Have you used information from the monitoring process to inform changes in your goals and objectives?	☐	☐
6. Do you discuss process issues in council meetings in addition to business?	☐	☐
7. Have you inquired among families about their needs and goals?	☐	☐
8. Have you identified differences in the goals and objectives of different partner agencies, programs, or groups?	☐	☐
9. Have you reviewed your needs assessment to address changes in community needs over time?	☐	☐

Choose one area of your program or collaboration to work on at a time.

What goals can you identify for this area?

_____

_____

What objectives for change and improvement might you set for six months?

For one year?

_____

_____

Getting Started: Consider Your Assessment Capacity

Programs do not always have the capacity to engage easily in self-assessment. Before you can proceed, you will need the following resources: support from your partnership; time and energy from Q-Team members; access to information; and, sometimes, funds for relevant expenses.

Consider these questions:

Do all the partners in your collaboration agree about which issues need attention and what they want to accomplish or learn?

If they do not, you may wish to work on coming to an agreement; or set an agenda for examining several issues over the course of the year.

Are there people who represent different perspectives who can commit to working together as a Q-Team?

If there aren't people on your council who can commit at this time, look to the larger community or address the issue as part of several council meetings.

Is the information the Q-Team needs to understand this issue readily available or will it have to be gathered?

If the information the Q-Team needs is not available, make a plan for data gathering, keeping in mind the limits on people's time and energy.

Are funds available for expenses such as copying, substitutes for teachers on the Q-Team, or child care for group meetings with parents?

If not, ask partner agencies if they can donate in-kind support, or revise your timetable or data gathering plan to fit with your available resources.

Exercise: Getting Started

Once your council has answered the questions on the preceding page, your Q-Team can begin self-assessment activities. The Q-Team's job is more or less complicated depending on how clearly the council has defined the issues to be examined. The Q-Team will need to do the following:

Clarify the focus of your current effort.

What is the issue or area that you are going to examine?

_____

_____

_____

Identify different concerns and interests regarding the issue.

Are there groups that have different concerns about this issue that should be kept in mind (e.g., teachers, parents, administrators, or particular minority groups)?

_____

_____

_____

Identify the criteria you will use to assess the quality of the program.

What are your criteria for program quality in this area? Consider different perspectives and possibilities:

- Traditional expectations?
- Professional standards?
- Families' preferences?
- Guidelines of different partner agencies?

What criteria for program quality will you use to assess your progress?

_____

_____

_____

Are these criteria for program quality shared by the whole council?

_____

_____

_____

Gathering Information

A common problem is that programs do not always collect information as they go along; they then have to scramble to locate data to answer funders and evaluators. It is not easy to collect and maintain a great deal of information; we recommend that all programs work to improve their capacity in this area. But we also believe programs should not need sophisticated information systems in order to answer basic questions about their efforts.

Good-Enough Information

"Good-enough" information is the basic information you need to have a clear picture of what is happening in your program. You need information that is good enough so that everyone around the table can trust it when you are making decisions.

Consider what information you would like to have, but also consider what you can collect given time and resource constraints. For example, to examine your progress in supporting children with limited English proficiency, you could assess all children in the program in language and cognitive development at the beginning and end of the year and compare different groups. Or, you could look at the ratio of staff to children in your program who speak different languages and observe their interactions in the classroom during a variety of activities. The former is a more sophisticated approach, but the latter may be good enough to meet your need in the context of your current resources.

Things to Keep in Mind

Objectivity and Subjectivity. Often things do not look the same to everyone. An "objective" view of human experience may be impossible. Be open about differences in perspective and try to understand others' "subjective" views—you can often learn a lot from disagreement.

Inclusiveness. To understand a situation, you need information about all those who are affected. If you want to know about council members' satisfaction with meeting times, you could simply have a group discussion. But in doing so, you would miss the input of those who are not at the meeting or are unable to speak up. You have to gather information systematically to be certain it is inclusive.

Accessibility. Some information is already systematically collected, such as preschool enrollments or expenditures from the CPC budget. You can probably access this information quite easily. Other information, such as attendance at meetings, is collected but not compiled or maintained. If you need this kind of data, you may have to extract or reconstruct it.

Confidentiality. Personal information about families or program staff is protected by rules of confidentiality. If you want to use this information, you may have to work with summaries provided by those charged with protecting the data. Or you may have to consider looking at the issue in another way.

Validity. Does the information you are collecting really tell you what you want to know? Knowing how many teachers attended a workshop on science curriculum for preschool is not the same as knowing whether children are being exposed to science activities in the classroom.

Reliability. If two people went out to gather data, would they come back with the same information? When you measure something, it must be clearly defined and the measurers must all be using the same ruler.

Checklist: Information

It is useful to consider the ways your CPC gathers and uses information to inform decision making. You want to be well informed and have access to consistent, clear, and unbiased information when making decisions about your program. Can you improve the way your CPC collects, shares, or uses information?

	Yes	No/Not yet
1. Do you have a system for sharing information about your collaboration or your programs within your council and with your community?	☐	☐
2. When you discuss problems, do you try to get information from those involved rather than relying primarily on the perceptions of those present at a council meeting?	☐	☐
3. Have you used surveys or questionnaires to gather information about an issue?	☐	☐
4. Do you feel you usually have enough information in order to make decisions?	☐	☐
5. Do you have one or more people in your CPC on whom you rely for good information?	☐	☐
6. Have you been able to provide information requested by community members, the media, or funders?	☐	☐
7. Have you shared information about your partnership or your programs with other organizations or groups ?	☐	☐
8. Is there any information you would like to be able to share with other CPCs?	☐	☐

Consider the information needed to assess the area you identified as your current focus.

What sources of information do you have access to?

_____

_____

What other information would you like to have?

_____

_____

How might you plan to gather that information?

_____

_____

Addressing Program Quality

In the QEP process we talk about two basic ways a Q-Team can use information to address quality issues: the "problem solving model" or the "logic model."

The problem solving model begins with an acknowledged problem, conflict, issue, or concern. When you form a Q-Team to take on a problem, you generally begin with a sense that your program is not meeting its goals in some way.

Your Q-Team needs to describe the situation in as much detail as possible. You probably have some information about the situation—usually knowledge or perceptions of council members—and you may gather additional information to fill out the picture.

Once you have a clear view of the situation, your team can begin to consider

- how the situation came to be (history);
- how it appears to others (perspective); and
- how it might be different (alternatives).

The logic model begins with a general area that you want to examine. This might be inspired by a problem that has arisen or it might be part of an agenda for monitoring your program. Rather than beginning with a picture of what the situation is, using this approach you first consider what you would like the situation to be. This is where clarifying goals and objectives is important.

A Q-Team addressing the quality of their CPC's efforts using this model would work to identify criteria for quality and then gather or examine available information to see whether and to what extent those criteria are being met. They may also consider history, perspective, and alternatives, but they start with the abstract criteria, not the actual situation.

No doubt your community has already used these approaches as you developed and implemented your plans for collaboration and services. Can you think of examples? Identify the issues that you might try to address systematically using these models.

If you have seen any of your programs through National Academy of Early Childhood Programs (NAECP) accreditation or worked toward Child Development Associates (CDA) certification, you have been engaged in a self-assessment and continuous improvement process. In the case of OFC licensing, accreditation, or CDA, the criteria applied to your work are established by an outside agency based on their perspectives and knowledge about quality early childhood programs. When you assess your program using these criteria, you are putting the logic model to work.

Exercise: Addressing the Quality of Programs or Services

You may have experienced situations where people in your community or representatives of other groups disagreed about the importance of some criteria you were using to assess program quality (such as provider credentials) or about the way your program addressed those criteria. Conversation about different expectations and priorities is an important part of the assessment process.

What different criteria for quality does your program have to meet as part of its obligation to funders or participants?

_____

_____

_____

_____

What other criteria for quality have you identified for your community programs?

_____

_____

_____

_____

In the QEP focus groups, CPCs shared a variety of ideas about how to maintain and improve the quality of their programs and services. Below is a list of some of these ideas. Use this checklist to identify some prospective activities that would enhance the quality of your efforts.

	Yes	No/Not yet
1. Have you promoted CDA and/or accreditation for community early childhood programs or providers?	☐	☐
2. Have you encouraged staff of different programs to visit each others' classrooms to observe?	☐	☐
3. Have you offered training for teachers and volunteers in providing new types of services or supports?	☐	☐
4. Have you combined with partner agencies or other community programs to share training and supervision?	☐	☐
5. Have you made use of the resources of your local community college or university?	☐	☐

Tips from the CPCs on Self-Assessment and Continuous Quality Improvement

leeds Assessment and arents' Views about Pre-chool Services

n one CPC community, rogram administrators felt nat the information they had athered from parents as part f the NAECP accreditation rocess had been valuable in wo important ways: first, it ave them a clearer picture of arents' needs with respect to ervices; and second, it ncouraged discussion of ifferences among parents nd professionals about what ney wanted for children in ne program.

n order to facilitate ongoing eeds assessment and aware-ess of parents' views, the PC now uses the parent uestionnaire from the ac-reditation packet to gather nformation every year. The uestionnaire is part of a ontinuous improvement rocess.

ooking at the Role of arents on the CPC Council

he CPC council in another ommunity has been unsuc-essful in recruiting parents nd keeping them involved. he Q-Team began by listing ne problems that limited arent involvement (inconve-ient meeting time, an admin-strative agenda, etc.). They nen came to the conclusion nat they needed to clarify neir goals for parent involve-nent.

The Q-Team asked their CPC council to consider these basic questions:

1. Aside from meeting DOE requirements, why do we want to see more parent participation on the council? What do we expect parents to contribute?
2. What kind of parents do we need on the council? "Professional" parents (e.g., teachers who happen to parents), parents who represent certain groups, parents with particular skills?
3. What's in it for parents? Do they have needs or interests that can be met by participation?

The Q-Team focused on identifying their goals as a first step toward improving their efforts to involve parents.

Advocacy for CPC Efforts and Inclusion of Potential Partners

The new Superintendent in one school district came in with an agenda to improve early childhood programs, but had no awareness of the ongoing work of the CPC council and the Early Childhood Coordinator. A CPC Q-Team discussed their need to "partner," not compete, with the Superintendent. In order to do so, they decided to engage her in a discussion of their mutual goals. Once they understood her goals, they could then offer information about the CPC's progress toward those goals, so that they could lobby for her involvement in the ongoing collaboration and for sharing resources to meet shared goals.

Sharing Resources for Maximum Effect

In one community, where the Head Start and the public schools share space in one building, there was still relatively little sense of collaboration.

A Q-Team addressing the situation noted that while administrators had the time to meet, staff working directly with children and families were isolated. It was felt that their isolation made it difficult for staff from the two programs to take advantage of all the resources that administrators had agreed to share. The Q-Team recommended getting the teaching staffs together to discuss the needs of all their children and to consider what kinds of resource sharing would help both programs meet those needs from the classroom perspective.

Conflict Resolution

One community found their efforts to collaborate were being undermined by a conflict over turf. Teachers, parents, and advocates on the CPC council were unable to move forward because upper level managers in partner agencies were unable to agree about sharing resources.

In this case, a Q-Team did not have enough leverage to resolve the conflict, but they did work on finding ways for collaboration to continue at lower levels of the agencies while they sought outside help to get the managers to negotiate.

Resources for Continuous Improvement and Assessment

- Your colleagues in neighboring Community Partnerships for Children Programs and your liaison in Early Learning Services are among your best resources. Call your liaison at 781-388-3300, ext. 357, for networking assistance.
- Many professionals work with businesses and agencies on organizational development and quality improvement using a variety of techniques. Chances are there is someone in your community who might volunteer to provide a workshop for your CPC council. Maybe you already have such a person sitting at the table.
- *The Evaluation Exchange* is a newsletter of the Harvard Family Research Project (HFRP). It contains information on a wide variety of family support and education services and resources for providers. HFRP also publishes the *Building Villages to Raise Our Children* series, with volumes on evaluation, collaboration, outreach, staffing, service systems, and funding and resources. Phone: 617-495-9108; fax: 617-495-8544. Some resources are available at their web site: http://hugse1.harvard.edu/~hfrp/
- *Evaluating Family Preservation Services: A Guide for State Administrators.* Fran Jacobs et al. Family Preservation Evaluation Project and the Edna McConnell Clark Foundation, forthcoming. This guide explicates the Five-Tiered Approach using family preservation as the focus, but is also useful for other types of family-oriented service models. Phone: 781-627-3866; fax: 781-627-3503.
- *So You Think You Need Some Help? Making Effective Use of Technical Assistance.* Charles Bruner. New York: National Center for Service Integration, 1993. NCSI also publishes materials on systems reform and public funding issues. Phone: 703-824-7447; fax: 703-671-6208.
- *New Approaches to Evaluating Community Initiatives: Concepts, Methods, and Contexts.* J. P. Connell, A. C. Kubisch, L. B. Schorr, and C. H. Weiss. Washington, DC: Aspen Institute, 1995. Phone: 410-827-7168; fax: 410-827-9182.
- The National Technical Assistance Center for Children's Mental Health Policy and the Georgetown University Child Development Center publish a variety of materials on programs for children and families including the very useful *Evaluating Community Collaboration: A Guide to Self-Study* (1985). Ask for their catalog by phoning 202-687-8635.
- *Putting Total Quality Management to Work* is a basic introduction to the principles of TQM. M. Sashkin and K. J. Kiser. San Francisco: Berrett-Koehler Publishers, 1993. Many other similar titles are available at your public library.
- Contact the National Association for the Education of Young Children for information about their NAECP Accreditation (center-based programs) or CDA (family child-care providers) programs. Consider bringing people together from all your early childhood programs and from other partner agencies to learn about accreditation and CDA and to promote continuous quality improvement throughout the community. NAECP: 1-800-424-2460; CDA: 1-800-424-4310.
- The Technical Assistance Center at the Judge Baker Children's Center publishes papers on evaluation and assessment for programs directed at children and families. Their occasional newsletter, *Technical Assistance Briefs,* includes tips on evaluation and assessment and networking information. Phone: 781-232-8390.
- The Center for Applied Child Development at Tufts University's Eliot-Pearson Department of Child Development provides evaluation, training, and technical assistance aimed at enhancing the quality of services for children and families. Phone: 781-627-3355.

Notes

Notes

Massachusetts CPCs and QEP

In 1993 the Massachusetts Department of Education launched Phase II of the **Community Partnerships for Children (CPC)** initiative in 51 communities throughout the commonwealth. Each of these communities established collaborative partnerships among public schools, Head Start programs, private child-care providers, human service agencies, families, and other community members to promote high quality, comprehensive early childhood education and care for young children and families.

In 1995 the **Quality Enhancement Project (QEP)** at the Center for Applied Child Development of the Eliot-Pearson Department of Child Development, Tufts University, joined the partnership. Between September 1995 and July 1996, over 100 individuals—teachers, parents, administrators, paraprofessionals, and other representatives—from 45 of the Phase II communities participated in QEP focus group discussions and surveys.

The goals of this process were for these participating communities to strengthen their own collaborations, and to document effective strategies and generate tools for quality enhancement that could assist other communities. This series of Technical Assistance Tips pamphlets is a product of these efforts.

By 1996 over 200 Massachusetts communities had established CPC projects, constituting a statewide network committed to quality, accessibility, comprehensiveness, and equity in services for young children and their families.

Production of this pamphlet was funded by the Commonwealth of Massachusetts, Department of Education. The contributions of the 51 Phase II CPC communities and the Department of Education/ Early Learning Services are gratefully acknowledged. All interpretations and errors are the sole responsibility of the Quality Enhancement Project, Tufts University.

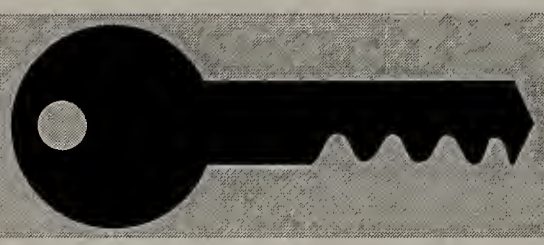
For more information write:

Quality Enhancement Project
Center for Applied Child Development
Tufts University
105 College Avenue
Medford, MA 02155

QEP Technical Assistance Tips

NUMBER 2

Collaboration



A KEY TO SUCCESS FOR COMMUNITY PARTNERSHIPS FOR CHILDREN

Tips on Building and Maintaining Productive Collaborations to Support Children and Families

Quality Enhancement Project

January 1997

The Quality Enhancement Project

We all want the best for our children and the children for whom we are responsible. We want to know how to create successful programs to educate young children and support families, programs that can make the most of limited resources.

In recent years, knowledge gained from the fields of program evaluation, business management, and organizational development has been used to help communities develop healthy, collaborative projects to serve the needs of children and families.

The Quality Enhancement Project (QEP)—a partnership between the Massachusetts Department of Education and the Center for Applied Child Development of the Eliot-Pearson Department of Child Development at Tufts University—extends this knowledge to Community Partnerships for Children (CPC) across Massachusetts. Over 45 CPC communities have been involved in the QEP process in an effort to help themselves and each other to

(1) assess the progress of their programs and the performance of their collaborations; and

(2) build on their effective approaches to program development, collaboration, and problem solving.

QEP Technical Assistance Tips

Based on what we have learned in the QEP process, these Technical Assistance Tips pamphlets have been prepared as tools for collaborations to use for self-assessment and continuous improvement.

The first pamphlet provides an introduction to the QEP process for self-assessment and continuous improvement. Other pamphlets focus on specific issue areas that parents and providers have discussed in QEP focus groups, beginning with "collaboration" and "engaging families."

Many of these ideas can be used to address any issue or program area. These pamphlets are only intended to get you started.

Using These Tools in Your Community Partnership

These Technical Assistance Tips pamphlets are designed as interactive tools. You are encouraged to answer the questions, complete the checklists, and use them as starting places for discussing your own collaborations and programs. You may choose to work through these pamphlets as a group, perhaps at a meeting of your staff or partnership council. Or you may decide to ask a number of people to consider the material on their own, then come together to compare their answers and discuss differences of perception.

The QEP Technical Assistance Tips pamphlets are based on experiences with the CPC program in Massachusetts. They are intended to be useful for any community group working on a collaborative effort to develop programs for children and families, but they may also be useful for individual early childhood or family support programs wishing to assess their progress as they grow and improve.

We hope that this quality enhancement process will provide useful feedback for your own community collaborations, and that you will share what you are learning with other communities and with the Department of Education and other funding agencies.

Once you have begun to assess your progress, consider whether you can offer help to, or utilize assistance from, your neighboring CPC communities. We hope this process will support quality enhancement across communities statewide.

Training Opportunities

The Department of Education/ Early Learning Services will be sponsoring training for CPC communities related to self-assessment, continuous quality improvement, and program evaluation. If you would like additional assistance in putting these concepts to work or making contact with neighboring CPC communities, call Early Learning Services.

Early Learning Services:
781-388-3300, ext. 357

Community Collaborations

Collaborations are not static; they change over time depending on the agencies and individuals involved, the community context, the issues addressed, the time and resources available for their work, and many other factors. Because of these different influences, it is essential that all partners share an understanding of the structure and process of their collaboration.

The continuous improvement activities we suggest in this pamphlet are intended to help your partnership identify goals and objectives, assess progress, and establish strategies for enhancing the quality of your efforts.* We focus on three areas:

- Mission and Shared Commitment
- Logistics of Effective Collaboration
- Communication

Many of the issues addressed and ideas offered here emerged from QEP focus group discussions with people from 45 Phase II CPC communities. Their struggles to create and sustain collaborative relationships across agencies and between parents, providers, and other community members are the inspiration for this pamphlet.

See Technical Assistance Tips Number 1 for an introduction to continuous improvement and self-assessment.

Mission and Shared Commitment

A first step toward building a strong community collaboration for children and families is *gathering partners* whose participation will bring the necessary experience, resources, and commitment to address the needs of the community. The groups and agencies that are important to effective collaboration may differ from community to community, but the challenge of inclusion is often the same.

Self-assessment in a collaboration might begin by asking "Who is at the table?" and by looking at how the partnership includes and involves new members. It is also important to ask "Who is *not* at the table?" and to consider whether an outreach effort is in order. CPCs often begin with representatives required by the DOE and then look outward.

In order to work in collaboration there must be a *shared interest* that makes participation worth the time and energy of the partners. This shared interest is the mission of the collaboration. An important aspect of continuous improvement in a collaboration is the establishment of formal mission, goals, and objectives. Also important is a regular review of the mission, goals, and objectives in light of change and growth in the partnership and the community.

Conflict in any group endeavor is normal and inevitable. In fact, conflict among partners can be a good sign that a process of change is under way. In order to develop and commit to a shared mission, however, partners in collaboration need to nurture *respect for differences*, value the contributions of all participants, and be prepared to work through conflict.

It is not easy to measure respect or count conflicts, but a partnership may write formal agreements and establish procedures to address conflict and share decision making. These can be used as criteria for assessing the collaboration's success.

Exercise: Mission and Shared Commitment

Look at the checklist below and think about how your collaboration is working.

	Yes	No/Not yet
1. In our collaboration we have members representing a range of community interests including parents, different provider agencies, and others.	☐	☐
2. We have discussed our differences in orientation and philosophy.	☐	☐
3. We have made an effort to learn about the missions of all partner agencies.	☐	☐
4. We have developed a shared vision and mission to which all member agencies and groups feel committed.	☐	☐
5. We have written a mission statement.	☐	☐
6. We have identified long-term goals for our collaborative efforts.	☐	☐
7. We have identified short-term goals and objectives for our efforts.	☐	☐
8. Member agencies and other groups have committed resources and time to the goals of the collaboration.	☐	☐

In what areas could you undertake some continuous improvement activities?

The Logistics of Effective Collaboration

There are many logistical factors that can contribute to, or stand in the way of, effective collaboration. Working in partnership takes commitment, but commitment alone does not lead to effective collaboration. It also takes time, energy, and many other more mundane activities.

Time is an essential, yet often scarce, resource. Collaboration may be a path to greater efficiency, but achieving that efficiency requires a great deal of time both to build the relationships and to do the actual work, especially in the early stages.

Partnerships negotiate formal agreements and establish processes for working together in order to make the most of their time. They can assess the quality of their work by their progress in taking these steps.

Collaborations also need *leadership.* How leadership roles are defined and shared has a great impact on the productivity of the partnership. The personal qualities of a leader have a decided effect. A group can establish structures that make the most of the available strengths and minimize the weaknesses of individual partners. A goal to nurture new leadership or to promote the sharing of leadership in new ways can be a focus for continuous improvement.

The logistics of working together involve many more details. Establishing *regular and accessible meetings* can be a complicated endeavor given all the responsibilities partners juggle. Goals for accomplishing specific tasks in certain meetings can be used to measure success. And problems with an arrangement that limits the involvement of a group can be the focus of self-assessment.

Strong collaborations include all partners in *identifying priorities* and *setting goals*, and then try to make the most of partners' time and expertise by using small working groups, setting short-term "doable" objectives, and piggybacking collaborative efforts on the ongoing work of partner agencies and programs.

How well your community partnership functions and how successful your efforts can be is often limited by logistical factors. To assess the quality of your collaboration, you must address the impact these factors have on your efforts. You should be ready to identify when and where you can adjust to make better use of your resources given inevitable constraints.

Exercise: Logistics and Procedures

The checklist below includes a number of logistical supports or strategies that might contribute to more successful collaboration.

	Yes	No/Not yet
1. We have developed formal, written interagency agreements.	☐	☐
2. We have established guidelines for resolving conflicts.	☐	☐
3. There is a clearly defined decision-making process in our collaboration.	☐	☐
4. Leadership roles are well defined and shared.	☐	☐
5. We hold regular meetings.	☐	☐
6. Our meetings are accessible in terms of scheduling and location.	☐	☐
7. We have a process for raising issues and concerns to be included in our meeting agendas.	☐	☐
8. We try to "piggyback" new efforts on other ongoing activities.	☐	☐
9. We make an effort to define tasks to be concrete and doable.	☐	☐
10. We establish working groups to take on particular projects.	☐	☐
11. We have adopted a set of council bylaws to govern group membership and meetings.	☐	☐

What problems have you faced in working together or accomplishing your goals?

How are these problems discussed in your partnership?

What efforts have you made to address these problems?

Communication among Partners and with the Community

Communication is a particularly important factor in the success of a collaborative effort to develop services for children and families. The quality and extent of communication among partners within the collaboration affects the partnership's ability to meet its goals for working together. Likewise, communication between the partners, the families being served, and the community at large affects the partnership's ability to meet its program goals.

There are formal and informal means of communication within partnerships. Partners may have points of contact other than their work on a particular collaborative project. The "grapevine" that grows among people who have interests and activities in common is often an important means of communication in the early stages of collaboration. Dependence on the grapevine, however, can limit the growth, accessibility, and effectiveness of a partnership.

Collaborations need vehicles for regular, formal communication—written minutes, newsletters, phone trees, an internet site—to keep partners informed. Continuous improvement can focus on enhancing your communication and information dissemination activities.

Collaborations must be attentive to all the ways they communicate and to the effect their choices have on their inclusiveness and the accessibility of information they want to share. Overuse of professional jargon, for instance, can be off-putting for families and other community members involved in the partnership. Likewise, in sharing information with the community, all avenues should be considered—flyers and mailings, newspapers, radio, local cable TV access, announcements in other community forums—keeping in mind issues of literacy and language, as well as content.

Good communication with programs and agencies within and across communities can lead to a broader and deeper partnership. Continuous improvement in this one area may enhance all the collaboration's efforts.

There are many ways in which good communication can contribute to successful collaboration and to the achievement of shared goals. You might look at how you communicate within your partnership, across programs and agencies, with other groups in the community, and with the families you serve. You might focus continuous improvement activities on any of these areas.

Exercise: Communication

This checklist includes a number of ways that successful partnerships develop their communications capacity.

	Yes	No/Not yet
1. We make an effort to document and monitor our progress for reporting to the community.	☐	☐
2. We have established formal vehicles for internal communication, including documentation of all decision making.	☐	☐
3. Our partners share contacts and resources to improve communication with the community.	☐	☐
4. To keep the discussion open, we acknowledge and address conflicts.	☐	☐
5. We do regular outreach and share information with non-partner agencies in our community.	☐	☐
6. We use a variety of means for communicating with families about our services.	☐	☐
7. We have tried to pay attention to issues of language and literacy in our publicity.	☐	☐
8. We have been in communication with other nearby communities.	☐	☐

Another relationship that benefits from healthy communication is the relationship between a collaboration and its supporters at the state level. CPC communities vary in the extent to which they maintain contact with the Department of Education, but good communication here can help you access technical assistance, strengthen your partnership, and network with your colleagues in other communities.

In what ways can you share information about your progress or challenges with the Department of Education or other state agencies?

Tips from the CPCs on Creating and Sustaining Productive Collaboration

Collaborating Takes Time

Though funding agencies often seem to expect collaboration to be established within a matter of weeks or months, most people who feel they are participating in effective CPCs think in terms of years as the time frame for their achievements. So be patient when assessing the quality of teamwork in your community partnership.

Look for steady progress toward your goals, but take a long view and make allowances for disruptions, delays, and setbacks that may come with changes in people or contexts. Funding cycles, school calendars, and various other factors influence process and progress.

It also takes time to collaborate. A constant feeling of "not enough time" is one of the most common frustrations of professionals committed to collaboration. Collaboration may be a path toward greater efficiency but, especially in the earlier stages, it requires a great deal of one of our scarcest resources—time.

In the last month, how much time did you set aside for "collaborating"? More than just participating in meetings, collaborating requires focused and sustained time to address the challenges of articulating mutual goals, allocating shared resources, and nurturing organizational structures and processes conducive to achieving collaboration goals. Some communities have found it useful to schedule regular meetings or professional development consultations to focus specifically on developing collaboration skills.

Collaboration Needs Leadership

Collaborations need leaders and followers, and these roles, like most everything else in a collaboration, must be shared. Leadership must come from all levels in the partnership—from "higher-ups" in agencies and from the "grassroots." Family members can be leaders, too. Leaders need vision and skill.

A leader must be able to facilitate efficient and productive meetings. A leader must also earn and retain the respect of the many individuals and constituencies that make up a Community Partnership for Children.

Leadership involves a tremendous range of responsibilities. In order to meet the challenge, some CPCs define a set of leadership roles, including council chair, co-chair, task force heads, secretary, and so forth. Communities vary in how formal they are in selecting and rotating these positions. Among the most difficult experiences reported by participants are instances when insensitivity, incompetence, or authoritarianism on the part of a leader made working together unpleasant or even impossible.

Not only are there a variety of leadership roles and tasks, there are also a variety of leadership styles. Most participants in a collaboration will need to exercise leadership at some time. Discussing the different leadership styles and approaches represented in your partnership can be a useful step in improving the quality of your collaboration.

Negotiation and Self-Interest

Some people think that to work in collaboration we must let go of self-interest. But being realistic about the nature of schools, agencies, and people allows you to consider "enlightened self-interest" as one of the most useful and appropriate appeals to the common goals of a collaboration. Whatever else may bring people to the table, one thing they may have in common is an interest in providing quality care and education for our children over the long term. This means that partner agencies as well as individuals need to get something out of the effort to keep their programs healthy. Getting groups involved is a positive form of "co-opting" them to use their energy.

When collaborating effectively, partners are honest about their needs and can negotiate to find the best way to meet those needs and achieve shared goals. The more successful you and your partners are at collaborating on shared goals, the more likely you will be able to draw strength from the partnership to meet your individual goals.

Communication for Collaboration

Professionals and parents who feel positive about the quality of their Community Partnership emphasize the importance of good communication. They point to a variety of tools for communicating with internal and external audiences. Brochures, newsletters, community fairs, cable TV, and telephone "warmlines" are among the tools they use to keep each other and their constituencies involved and informed.

The informal "grapevine" is an essential and often unrecognized communications tool. But the informal contacts that already exist in your community have to be supplemented with formal vehicles for communicating with partners and potential partners in order to ensure that all are equally well informed and able to be involved.

Colleges and Universities Can Collaborate, Too

Colleges and universities are increasingly aware of their responsibility to communities and increasingly eager to collaborate. As community service becomes a more important part of life for college students and faculty, there are more opportunities to include them in your Community Partnership: as interns assisting in a classroom or conducting parent support groups, as consultants on curriculum or program evaluation, or as partners in fundraising.

When these exchanges go well everyone benefits, but there are potential problems. A student volunteer in your program needs careful supervision from you as well as from the college. University and community schedules may not be easy to coordinate. Keep these challenges in mind as you work to cultivate this resource.

Business Partners

Local businesses are often eager to contribute resources to community collaborations because of their own experiences in seeking care and education for children of employees or because of their awareness that investing in children and families is a wise business decision. These contributions may range from skillful leadership in a council or on a fund-raising event to material donations. Providing access to funding sources such as corporate foundations or bank programs is among the many ways enlightened businesses can help.

An effective collaboration will seek and use a variety of approaches to "leveraging" funds and sharing resources. Partners in business can be participants in this creative problem solving.

Planning and Self-Assessment Are Basic to Collaborating

And these take time, too. Whether it is for a specific project or activity, or for your overall effort, systematic and sustained attention to planning and self-assessment will pay off. Anticipating problems and designing solutions in advance increase the likelihood of your success.

Discussing plans and assessing progress can provide some of the best opportunities for learning about each other as partners in a collaboration. Nowhere else does the expression "two heads are better than one" ring more true. Be sure each agenda for council meetings includes time for planning and self-assessment. Take advantage of professional development opportunities to improve your skills.

Your programs will be more successful—and funders will be impressed—if you engage in systematic, collaborative planning and pay attention to using information from assessment activities to design and revise programs.

Celebrate!

As noted above, collaboration can be very challenging. When a challenge is met and your efforts are successful, celebrate. Recognizing success—and rewarding it—increases the likelihood of further success. We all know this basic principle, but remember that it applies to our collaborative work as well. Whether it is a special snack at the next council meeting, a gift of flowers for someone going the extra mile, or a formal awards dinner to recognize agencies or individuals for their work in advancing your mission, celebration of success provides vital energy for continuing progress.

Resources on Collaboration

- Your colleagues in neighboring Community Partnerships for Children and your liaison at Early Learning Services are among your best resources. Call your liaison at 781-388-3300, ext. 357, for networking assistance.
- *Working Together: An Ethnographic View of Interagency Collaboration,* by the Massachusetts Early Childhood Advisory Council, includes informative case studies as well as a useful "checklist for a healthy climate for collaboration" you can use for continuous improvement efforts. Ask DOE.
- For an excellent introduction to the nuts and bolts, see the Harvard Family Research Project's *Collaboration*, from their *Building Villages to Raise Our Children* series. Phone: 617-495-9108; fax: 617-495-8544.
- *Getting to Yes,* by Roger Fisher, William Ury, and Bruce Patton of the Harvard Negotiation Project, is an easy-to-read introduction to "principled negotiation." Other books by these authors include *Getting Together* and *Getting Past No.* New York: Penguin Books, 1991.
- *Collaborating for Comprehensive Services for Young Children and Their Families,* by William Swan and Janet Morgan, describes forming and operating an interagency coordinating council. Baltimore: Paul H. Brookes Publishing, 1993.
- Also see *What It Takes: Structuring Interagency Partnerships to Connect Children and Families with Comprehensive Services,* by A. Melaville and M. Blank. Washington, DC: Education and Human Services Consortium, 1991. Phone: 202-822-8405.
- *Leadership for Collaboration* is a workbook from South Eastern Regional Vision for Education (SERVE), North Carolina University, School of Education, Greensboro, NC. Phone: 1-800-352-6001.
- The A. H. Wilder Foundation publishes *Collaboration Handbook: Creating, Sustaining and Enjoying the Journey,* and other useful materials. Phone: 1-800-274-6024.
- *Thinking Collaboratively: Ten Questions and Answers To Help Policy Makers Improve Children's Services,* by Charles Bruner, is useful for advocacy efforts. Washington, DC: Education and Human Services Consortium (publication number ED338984). Phone: 1-800-443-3742.
- The National Technical Assistance Center for Children's Mental Health Policy and the Georgetown University Child Development Center publish *Evaluating Community Collaboration: A Guide to Self-Study (1985).* Ask for their catalog by phoning 202-687-8635.
- AHEC/Community Partners in Amherst, Massachusetts, publishes a newsletter, tip sheets, and guides for collaboration and community development. Phone: 413-253-4283.
- The Family Resource Coalition (FRC) provides publications, conferences, and technical assistance on needs assessment and best practices in family support programs. Phone: 312-341-0900; fax: 312-341-9361.
- The National Center for Service Integration is a clearinghouse that assists communities on integration of education, health, and human services. Phone: 703-824-7447; fax: 703-671-6208.
- On the internet, visit CYFERNet (Children, Youth, and Family Education and Research Network) for resources and information on professional development and best practices: http://www.cyfernet.mes.umn.edu:2400
- The Center for Applied Child Development at the Eliot-Pearson Department of Child Development, Tufts University, provides technical assistance for enhancing the quality of services for children and families. Phone: 617-627-3355; fax: 627-3503.
- The newsletter *BLUEPRINT* from the Indiana Youth Institute has useful material on collaboration. Phone: 1-800-343-7060; fax: 317-924-1314. Visit their web site: http://www.iyi.org/iyi
- Another good resource is *United We Stand: Collaboration for Child Care and Early Education Services,* edited by S.L. Kagan. Teachers College Press, 1991.

Notes

Massachusetts CPCs and QEP

In 1993 the Massachusetts Department of Education launched Phase II of the **Community Partnerships for Children (CPC)** initiative in 51 communities throughout the commonwealth. Each of these communities established collaborative partnerships among public schools, Head Start programs, private child-care providers, human service agencies, families, and other community members to promote high quality, comprehensive early childhood education and care for young children and families.

In 1995 the **Quality Enhancement Project (QEP)** at the Center for Applied Child Development of the Eliot-Pearson Department of Child Development, Tufts University, joined the partnership. Between September 1995 and July 1996, over 100 individuals—teachers, parents, administrators, paraprofessionals, and other representatives—from 45 of the Phase II communities participated in QEP focus group discussions and surveys.

The goals of this process were for these participating communities to strengthen their own collaborations, and to document effective strategies and generate tools for quality enhancement that could assist other communities. This series of Technical Assistance Tips pamphlets is a product of these efforts.

By 1996 over 200 Massachusetts communities had established CPC projects, constituting a statewide network committed to quality, accessibility, comprehensiveness, and equity in services for young children and their families.

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For more information write:

Quality Enhancement Project
Center for Applied Child Development
Tufts University
105 College Avenue
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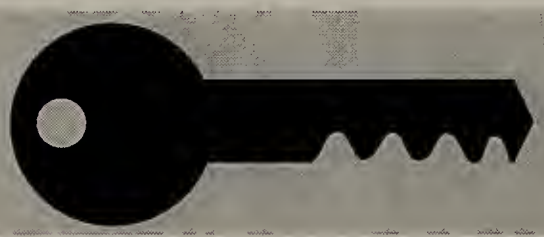
TUFTS

QEP Technical Assistance Tips

NUMBER 3

Engaging Families



A KEY TO SUCCESS FOR COMMUNITY PARTNERSHIPS FOR CHILDREN

Tips on Involving Parents and Families as Partners in Quality Services for Young Children

Quality Enhancement Project

January 1997

The Quality Enhancement Project

We all want the best for our children and the children for whom we are responsible. We want to know how to create successful programs to educate young children and support families, programs that can make the most of limited resources.

In recent years, knowledge gained from the fields of program evaluation, business management, and organizational development has been used to help communities develop healthy, collaborative projects to serve the needs of children and families.

The Quality Enhancement Project (QEP)—a partnership between the Massachusetts Department of Education and the Center for Applied Child Development of the Eliot-Pearson Department of Child Development at Tufts University—extends this knowledge to Community Partnerships for Children (CPC) across Massachusetts. Over 45 CPC communities have been involved in the QEP process in an effort to help themselves and each other to

(1) assess the progress of their programs and the performance of their collaborations; and

(2) build on their effective approaches to program development, collaboration, and problem solving.

QEP Technical Assistance Tips

Based on what we have learned in the QEP process, these Technical Assistance Tips pamphlets have been prepared as tools for collaborations to use for self-assessment and continuous improvement.

The first pamphlet provides an introduction to the QEP process for self-assessment and continuous improvement. Other pamphlets focus on specific issue areas that parents and providers have discussed in QEP focus groups, beginning with "collaboration" and "engaging families."

Many of these ideas can be used to address any issue or program area. These pamphlets are only intended to get you started.

Using These Tools in Your Community Partnership

These Technical Assistance Tips pamphlets are designed as interactive tools. You are encouraged to answer the questions, complete the checklists, and use them as starting places for discussing your own collaborations and programs. You may choose to work through these pamphlets as a group, perhaps at a meeting of your staff or partnership council. Or you may decide to ask a number of people to consider the material on their own, then come together to compare their answers and discuss differences of perception.

The QEP Technical Assistance Tips pamphlets are based on experiences with the CPC program in Massachusetts. They are intended to be useful for any community group working on a collaborative effort to develop programs for children and families, but they may also be useful for individual early childhood or family support programs wishing to assess their progress as they grow and improve.

We hope that this quality enhancement process will provide useful feedback for your own community collaborations, and that you will share what you are learning with other communities and with the Department of Education and other funding agencies.

Once you have begun to assess your progress, consider whether you can offer help to, or utilize assistance from, your neighboring CPC communities. We hope this process will support quality enhancement across communities statewide.

Training Opportunities

The Department of Education/ Early Learning Services will be sponsoring training for CPC communities related to self-assessment, continuous quality improvement, and program evaluation. If you would like additional assistance in putting these concepts to work or making contact with neighboring CPC communities, call Early Learning Services.

Early Learning Services:
781-388-3300, ext. 357

Engaging Families in Collaboration Efforts and Early Childhood Programs

What do we mean by engaging families? Family engagement goes by many names: parent involvement, family support, empowerment or enablement, and partnerships with parents. We often think of it as the extent to which families participate in specific activities. But family engagement can also mean involving families in program planning, management, and assessment. In strong community collaborations, families are full-fledged members of the partnership. Mothers, fathers, siblings, grandparents, aunts, uncles, and friends—all people who care about a child—may have something to offer to the mission of developing high quality early childhood programs.

Why engage families? Over 30 years of research, as well as a vast pool of personal and professional experience, has demonstrated that children's success in school and in life are enhanced when parents and families are involved in early childhood programs. Because young children are embedded in their families, and parents and caregivers are children's first teachers, caring for and educating young children requires a focus on the family.

Whether we are trying to solve a problem for an individual child, establish or improve a program, or develop a system of care and education for all children in the community, engaging families is an important key to success. Many new policies and laws recognize this and require that providers and families work together.

Who benefits when families are successfully engaged? Everyone. A child's education is broadened and deepened when families are part of the process. Teachers are supported and assisted by family members, enriching program quality for all children. Family members increase their knowledge of child development and acquire additional skills for raising healthy children. And involving families may also lead to enhanced opportunities for the education and development of all family members.

Goals for Family Engagement

An important goal of the Community Partnerships for Children program across the state is the involvement of families, especially parents, in the planning and provision of comprehensive services for children and families. But each CPC collaboration has to address what this means in the context of their particular community.

Exercise: Identifying Goals

1. **Did you conduct a needs assessment to gather information about the needs and preferences of families in your community? How did you make use of the information you gathered in your subsequent efforts?**

2. **Have you set explicit goals for the engagement of parents and family members in your collaboration or in specific programs?**

If you have not set explicit goals for family engagement, what goals are implicit in your efforts?

Goals for family engagement in the community partnership collaboration:

Goals for family engagement in programs:

3. **Do parents and providers, or different agencies, have different goals, expectations, or strategies for family engagement?**

What are these different goals, expectations, or strategies; and how have they affected your efforts to work together?

Recognizing the Different Roles Family Members Play

Family members can play many roles in community programs to educate and care for children. Experience has shown that appreciating and supporting families in these roles helps to create an environment in which families are engaged. Some roles family members play are as follows:

Teachers. Families are children's first teachers and remain an important influence and source of information throughout their lives.

Audiences. Families come into schools to participate in family-oriented events, to share in festive celebrations, or to see children's work being displayed.

Collaborators. Families work with providers to help children learn by talking with children about their experiences in school, and talking with providers about children's needs and interests.

Supporters. Families support the work of programs when they assist in classrooms or on a trip, talk with other families, participate in parent organizations, or take part in civic affairs in support of services for children.

Learners. Families benefit from their participation in children's programs when they gain knowledge of child development, develop child rearing skills, and increase their participation in other educational activities.

Advisers and co-decision makers. Families play important roles in planning programs, shaping public policies, and reflecting on community concerns.

Not all families are interested in participating in all of these ways. One of your goals for family engagement might be to involve more family members in a particular activity or role. Another goal might be to have families increase their involvement over time.

**Adapted from Henderson, Marburger, and Ooms (1985).* Beyond the Bake Sale. *Columbia, MD: National Committee for Citizens in Education.*

Exercise: Family Roles

In the QEP process, participants provided examples of many ways that family members were involved in community collaborations and programs. Below is a list of a few ways families can be involved.

We involve families in our community programs for children as:	Yes	No/Not yet
1. Audiences for children's work	☐	☐
2. Assistants to teachers in the classroom	☐	☐
3. Assistants to teachers on trips or during special events	☐	☐
4. Advisers for teachers on their children's needs and interests	☐	☐
5. Advisers to programs on family priorities and program policies	☐	☐
6. Advisers to the community partnership on family needs and priorities	☐	☐
7. Members and leaders of the council	☐	☐
8. Part of a community of families in support groups or other family-to-family activities	☐	☐
9. Participants in parenting education workshops or classes on other topics	☐	☐
10. Participants in adult education programs such as ESL or GED	☐	☐

The fact that you have involved families is important. But you may wish to look more closely at the amount and the extent of their engagement as you assess your efforts.

What roles have family members, particularly parents, played in your collaboration and programs?

Have these roles changed over time?

Have families stayed involved throughout the year? After their own children have left the program?

Logistics of Family Engagement

A key to engaging families in your collaboration or in a particular program is limiting the logistical barriers that might get in the way. What logistical barriers exist to family engagement in your community? Think about the timing of events, the location of meetings, the accessibility of transportation, the forms of communication you rely on, and the way meetings are conducted. Have you asked families about what would make it possible for them to become more involved? Have you asked about what would make them feel comfortable?

Exercise: Logistics

QEP focus groups provided examples of many strategies for engaging families. Below is a list of a few of these strategies.

	Yes	No/Not yet
1. Have you made collaboration meetings accessible by limiting the use of professional jargon?	☐	☐
2. Have you encouraged partnership by setting tasks that parents and providers can work on together?	☐	☐
3. Have you held events for parents at the same time as children's events or that combine education and entertainment?	☐	☐
4. Have you involved parents in assessing community needs?	☐	☐
5. Have you scheduled parent meetings at convenient times, such as just before children are to be picked up?	☐	☐
6. Have you held events in the evening or on weekends?	☐	☐
7. Have you offered transportation for families?	☐	☐
8. Have you provided child care during meetings?	☐	☐
9. Have you held meetings at lunch or dinner and provided or shared a meal?	☐	☐
10. Have you attempted to link up with other family involvement efforts in the community (e.g., Even Start, Mass. Family Network)?	☐	☐

Look at your goals for family engagement in terms of the logistical barriers that exist in your community. Are your goals realistic?

Which of these logistical barriers would you address first in order to meet your goals?

Parent Education and Family Support Services

Another important goal of the CPC program in Massachusetts is to promote more comprehensive services for children and families, including parent education and family support services. Many communities have made use of family literacy approaches or combined efforts with other programs in the community such as Even Start, Family Networks, Community Connections, or ESL and GED programs. Other communities have set up support groups and workshop series for parents, involved providers in home visiting activities, or offered supervised play groups for children and parents.

Exercise: Family Support and Parent Education

1. Are the goals of different agencies in your collaboration similar or different in regard to family support or parent education? How?

2. Has your partnership set explicit goals for its parent education activities? What are your goals for participation, quality, outcomes?

3. What do parents say when you ask about their need for or satisfaction with these activities?

4. How have you used their feedback to change these activities?

5. What goals do you have for supporting families through comprehensive services?

6. What do you know about the progress you have made toward those goals?

Promoting Family-Centered Systems of Care and Education

Early childhood care and education providers have found that they are increasingly called upon to address the needs and concerns of families. But programs for the care and education of young children have not generally been designed to focus on families.

The movement toward more family-centered programs must involve effort from both sides. Families, as the experts on their own lives and their children's needs, can be important resources for teachers and for programs. As a group, families are not as involved as we might wish in programs for young children.

Many recent initiatives, including the Community Partnerships for Children program in Massachusetts, have emphasized the involvement of families to a greater degree not only in their own children's activities, but in planning and assessing programming across the community. Engaging families at this level is more challenging still. The logistical barriers to parents' involvement in a meeting are minor in comparison to the barriers to their long-term involvement and leadership.

Still, family engagement in a program or a partnership contributes to the evolution of the system within a community. It is hoped that a more family-centered and family-friendly system can better serve the needs of children while building on the strengths of families.

Your continuous improvement activities might focus on promoting family-centered systems of care and education in your community. Many programs make up the system, and many initiatives in the public schools and in other agencies may be directed at this goal. Focusing on system-wide goals will require that you get to know more about other initiatives in your community and engage with other planning groups and programs. In some communities this is already happening; in others it will be a new effort.

Exercise: Family-Centered Systems

Below is a list of some characteristics that are generally associated with high quality, family-centered systems. Review the list and see how your program fits in.*

	Yes	No/Not yet
1. In our program we believe that when a family seeks support, it is a sign of family strength, not a sign of weakness.	☐	☐
2. Families play an important role in making decisions in our program.	☐	☐
3. Our CPC helps parents become resources for each other, both in our programs and in the larger community.	☐	☐
4. We believe that families who are confident and supported are better able to raise healthy and productive children.	☐	☐
5. In our programs, the entire family is considered the unit that is being served.	☐	☐
6. In our CPC, families participate voluntarily, not as a requirement to get services or fulfill obligations.	☐	☐
7. We provide opportunities for families to come together and advocate for changes in the community.	☐	☐
8. Our CPC leadership and staff reflect the cultural, linguistic, and socioeconomic backgrounds of the families we serve.	☐	☐
9. Our services reflect and build upon the values and beliefs of our families.	☐	☐
10. In our CPC, parents and staff are partners, each bringing unique skills and perspectives to the partnership.	☐	☐
11. Families participate actively in the assessment of our programs.	☐	☐

If you answered yes to six or more of these principles, you are moving toward high quality, family-centered practice. Please contact your Early Learning Services liaison if you would be willing to help other CPC communities to meet this challenge.

What goals have you set for moving toward a more family-centered system of education and care in your community?

_____

_____

How have your partners changed in order to serve families more comprehensively?

_____

_____

_____

**Adapted from Best Practices Project Staff (1996).* Guidelines for Family Support Practice. *Chicago, IL: Family Resource Coalition.*

Tips from the CPCs on Engaging Families

Structure and Guidance Help

Whether you call upon a child's family to help in the classroom or to organize a fund-raiser like a bake sale or puppet show, you will have more success if you provide clear and explicit guidelines and expectations. Family members can be more effective if a task is concrete and a responsibility specific. Always allow time to orient a volunteer to general procedures in the classroom as well as to any special considerations for the time of his or her participation. A list of "do's and don'ts" can make everyone more comfortable and prevent a range of frustrations and problems. Remember, for many people this may be their first time in an early childhood setting; programs like yours may not have been part of their previous experience. Educating their child involves similarly sensitive and developmentally appropriate education for family members.

Weekends and Communities Are Resources

Most of our frontline work occurs during the week. Family engagement, however, can occur all week long. One CPC sponsors a Safety Saturday each year, a gathering in the high school gym of health and safety agencies offering information and "edu-tainment" for children and families. Other community or statewide events can be put to work for your families, too. Discount tickets can be had to send a busload of your families to a family forum or a multicultural festival in a nearby city. Does your lending library include a set of passes to one of our state's fine children's museums? Encouraging and supporting families in their efforts to involve their children in enriching community events can be a crucial part of engaging families in support of our mutual work. When addressing options of time and location, family engagement is served by breadth and flexibility.

The Basics—Food, Child Care, and Transportation

Most tales of successful efforts to engage families include these precepts: provide food, provide transportation, and provide child care. The range of ways this can be done is impressive. Food ranges from quick snacks or "potluck" to elaborate banquets, festive multicultural feasts, and catered award dinners—always delicious and often nutritious. Or schedule a family event at the dinner hour and provide a few pizzas—a quick way to support parents and keep clean-up to a minimum.

In addition, transportation needs arise in many communities, especially when a compact neighborhood is not the focus. Helping parents and siblings get to a family event may be as important as transporting children to school.

Child care for all ages is a shared concern and parents and professionals do well at sharing resources, allocating aide or volunteer time, and cooperating to allow maximum participation in an event. Quality and efficiency are evident in programming that meets objectives for children and families simultaneously, such as joint activities like parent-toddler play groups, or a workshop for fathers convened in a classroom next door to a puppet show for the youngsters. One community does its kindergarten screening in one room while a compelling parent education series goes on down the hall. Consider what "piggybacking" you might try.

Family Literacy Approaches

Family literacy approaches are vital elements of Community Partnerships for Children both in the substance of our educational goals and in the logistics of time and space. In some communities, partners try to coordinate schedules of English-as-a Second-Language (ESL) or Graduate Equivalency Degree (GED) classes with their early childhood programs. This programming can allow for periodic "working lunches" or "snacks" with parents and children together for story time.

Whether in your center or at the local library branch, a resource or lending library of multimedia materials can enhance and support the mutual goals of early childhood education and family literacy. One community approached this with a multicultural emphasis. They consider their library-based center a significant contribution to the community, and it is appreciated as such by the parents and providers alike!

Resources for Engaging Families and Parents

- Your colleagues in neighboring Community Partnerships for Children and your liaison at Early Learning Services are among your best resources. Call your liaison at 781-388-3300, ext. 357, for networking assistance.
- The Massachusetts Parent Training and Empowerment Project provides resources and training, with a focus on the needs of low-income and non-English speaking families. Phone: 617-253-7093.
- The Children's Trust Fund of Massachusetts provides small grants, training, conferences, and a fine lending library. Their *Guide to Parenting Education Resources and Materials* is very helpful. Phone: 617-727-8957.
- The Center for Parenting Studies at Wheelock College in Boston offers workshops and courses to support family engagement. Phone: 617-734-5200, ext. 214.
- The Family Resource Coalition in Chicago provides publications, conferences, and technical assistance emphasizing needs assessment and best practices in family support. The FRC publication *Guidelines for Family Support Practice* includes a good self-assessment tool and many helpful suggestions. Phone: 312-341-0900; fax: 312-341-9361.
- The Center on Families, Communities, Schools and Children's Learning publishes *Partnerships for Student Success*, which includes descriptions of model partnerships between families and schools. Phone: 410-516-8800; fax: 410-516-8890.
- A variety of resources and technical supports are available from the National Resource Center for Family Centered Practice at the University of Iowa. Phone: 319-335-2200.
- For information on promoting family literacy, contact the National Center for Family Literacy in Kentucky. Phone: 502-584-1133.
- *Families and Early Childhood Programs,* by Douglas Powell, summarizes much of the literature on the importance of family engagement in early childhood education. Washington, DC: NAEYC, 1989.
- More resources on family engagement in schools are available from the Family Involvement Partnership for Learning in Washington, D.C. Phone: 1-800-USA-LEARN.
- Ask ERIC is the federal government's on-line clearinghouse for current research in education and family engagement. http://www.ericece@uxl.cso.uiuc.edu
- The Center for Family Resources advocates family-supportive public policy. They publish an informative newsletter and other resources. Phone: 516-873-0900.
- *Beyond the Bake Sale: An Educator's Guide to Working with Parents and Citizens,* by Anne Henderson, Carl Marburger, and Theodora Ooms, includes ideas about promoting and measuring family involvement. Columbia, MD: National Committee for Citizens in Education, 1985.
- Training designed to help parents become skilled advocates is available from the Right Question Project. Phone: 617-628-4070.
- Channing L. Bete Co. publishes a home-and-school partnership calendar, "Learning Together," full ideas for collaboration. Call 1-800-628-7733 and ask for item 50286H.
- On the Internet, visit CYFERNet for resources and information on best practices, professional development, and evaluation. http://www.cyfernet.mes.umn.edu:2400
- *Together We Can: A Guide for Crafting a Profamily System of Education and Human Services*, by Atelia Melaville and Martin Blank. U.S. Department of Education, Office of Educational Research and Improvement. Doc. #065-000-00563-8. Cost: $11. Available from U.S. Government Printing Office, Mailstop SSOP, Washington, DC 20402-9328.
- America OnLine's "Parent Soup" provides information and on-line interaction on a broad range of family interests. Keyword: Parent Soup; or call 212-604-9133.

Continued on next page

- *Working Constructively with Families* is a special issue of Educational Leadership (vol. 33, no. 7), the journal of the Association for Supervision and Curriculum Development. Phone: 703-549-9110.
- The Institute for Family-Centered Care works on issues related to family participation at both policy and program levels. *Essential Allies: Families as Advisers* is available for $10. Write IFCC at 7900 Wisconsin Avenue, Suite 405, Bethesda, MD 20814. Phone: 301-652-0281.
- Another informative resource is *New Directions in Parent Involvement*, by Norm Frichter, Anna Galletta, and J. Lynne White, from the Academy for Educational Development.

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